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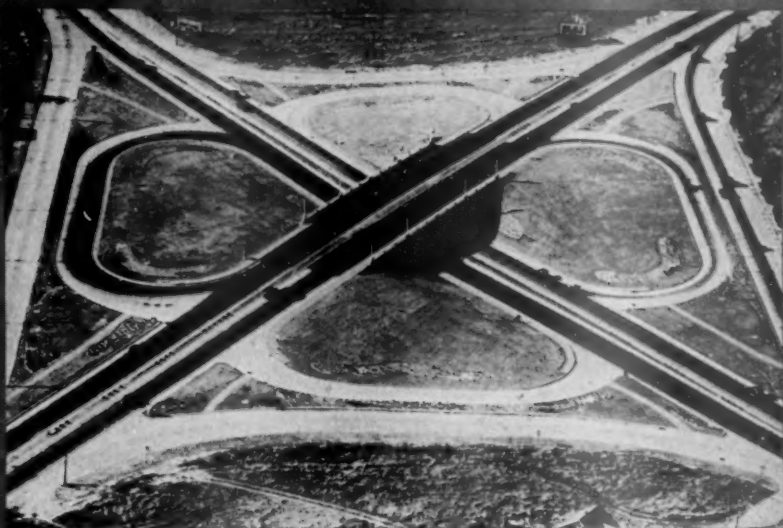
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# A JOURNAL FOR NURSES

AUGUST 1942



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*Cover picture by George Miller from Black Star*

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A JOURNAL **RN** FOR NURSES

# Debits AND CREDITS

## LUXURY OR NOT?

Dear Editor:

In reporting my address on "Trends in Private Duty Nursing Service," ["The 1942 Biennial," R.N., June] Miss Sutherland misquoted me as calling that branch of the profession "luxury nursing." Contrary to this, my real statement was "luxury nursing must go the way of many other luxuries in this trying hour." I believe most people who heard me did put proper interpretation where it belongs, and did not misconstrue my meaning.

Of course private duty nursing will always be needed and used, where it can be secured! I also said, "Good bedside care of the patient should be the first concern of us all." Miss Sutherland failed to quote that statement!

By the use of the term "luxury nursing" which seems to have been the "bomb-shell" referred to in your article, we mean that type of private duty which is *not* nursing, but is more exactly entertainment of a so-called patient. We all know the spoiled and pampered person who keeps nurses long after they are needed for real nursing care. It is that practice which I hope to see discontinued "for the duration," and for all time when really ill people need nursing care, and

● In "Debits and Credits" R.N. will continue to present *impartially* a cross-section of reader-opinion. Because mail to this department is unusually heavy, we cannot publish every letter we receive but must select those that are most interesting, provocative, or representative of group opinion. We are glad to withhold the name, *not* the locale of the writer, but we cannot publish letters we receive anonymously. Views expressed are those of contributors, not of the magazine.—THE EDITORS.

are frequently unable to obtain it.

If you will strive for more accuracy of statements in your publication, perhaps R.N. may some time grow to be valuable to professional nurses. To date, I have always doubted that it had any real value, and this instance of serious misconstruction of meaning only bears out my belief.

Mattie E. Malone, R.N.  
Memphis, Tenn.

[R.N. was not alone in its interpretation of Miss Malone's remarks. Newspapers and national press services reported in exactly the same vein as did R.N. Examples: The Chicago Sun: "A speaker at the convention, Miss Mattie Malone, night supervisor of a Tennessee hospital, said that until the shortage is relieved, the American people will have to learn to do without such luxuries as private duty nursing." The Chicago Tribune reported: "Luxury nursing, meaning private duty nursing, must go the way of other luxuries for the duration, Miss Mattie Malone, Memphis, Tenn., told the national nursing convention. . . Private duty is on the decline anyway Miss Malone pointed out, because it is not satisfactory either to the patient or the nurse. The patient objects to its high cost. . . The nurse does not like it because she works irregularly and income is uncertain. . ." Scores of private duty nurses to whom R.N. talked in Chicago reported the same reaction. R.N. believes wholeheartedly in private practice, even during wartime, and is glad therefore to hear from Miss Malone what she really meant by luxury nursing.—THE EDITORS.]

## TRIBUTE

Dear Editor:

During the siege of Corregidor I listened to a news commentator describe nursing conditions on that battered fortress. It occurred to me that sometime in the future a monument might be erected to the honor of the nurses who carried on so bravely in the Philippines. How much

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S. M. A.



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"When you are a nurse for a busy physician you appreciate how important it is for him to be able to control his infant feeding cases, yet have the formula simplicity itself.

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The doctor likes S-M-A because results are comparable to breast feeding cases and he is not bothered so much by phone calls.

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\* 3935 physicians who had fed S-M-A to their own infants were recently questioned in a survey concerning infant feeding . . .

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3. Cap bottle and shake into solution. Feed at body temperature.

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nicer it would be instead, if a fund could be created now and presented to them on their return home. This would be a memento from the nurses who have remained here in comfort and security to show the nurses of Bataan and Corregidor our appreciation of their share in this battle for freedom.

Other nurses have thought this idea of mine a good one and suggested that I write your magazine about it.

Hanna M. Holmquist, R.N.  
Oakland, California

*[This is a nice thought, and might better be effected through official channels. Why not offer your contributions to the Army Nurse Corps, ear-marked for the girls from the Philippines?—THE EDITORS.]*

#### VETERANS "FROZEN"

Dear Editor:

I do enjoy R.N. so much. The letters sent you, both complimentary and complaining, are so human that they frequently fill my thoughts.

Did you know that since May 21st, nurses of the Veterans Administration have been "frozen" so far as joining the Army is concerned? Apparently our present jobs are considered very important, but we have not been told the official reason for keeping us out of military service.

I, for one, am sincerely hoping that they will lift this ban by September. . . Don't you agree with me that nurses' aides could be effectively used in a veterans' hospital, thus relieving younger R.N.'s for the Army? There must also be older nurses, perhaps some who served in the last war, who could be in charge of floors

with aides to work under them. Many of our patients are chronically ill and ambulatory. . .

One strong point in our favor is that we nurses in the Veterans Facility could adapt ourselves more quickly to Army routine than civilian nurses. Let's hear what someone else has to say about this.

R.N., Bronx, N.Y.

#### R.N. VS. AIDE

Dear Editor:

Why and how you can offer any space to such slush as the "Blitz" letter [D & C, June] is beyond me. You must be short of material.

In the first place the hospital aide from Saulte St. Marie apparently doesn't have to work. There's your kayo right there. . . In the second place, I wonder if she can make such statements about R.N.'s after reading reports of the Army nurses on Bataan and Corregidor.

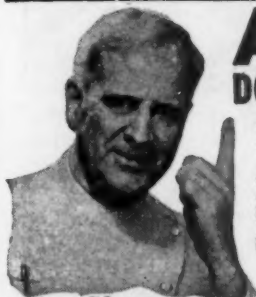
An intelligent patient who read her letter would undoubtedly guess the writer's true nature and call for an R.N.

Virginia Bridgey, R.N.  
Cleveland, Ohio

Dear Editor:

I was surprised at your kayo on the letter "Blitz" in your June issue. How can an aide be capable of judging graduate nurses after a short course? A little knowledge is a dangerous thing.

Her job was to take care of routine things, freeing the R.N.'s for the more important tasks such as charts, medications, and treatments. Had she been concentrating on her work there would have been no time for observing another's mistakes. Perhaps the graduate nurses in her



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hospital had to cut corners in order to cover many patients. They may also have been busy answering her questions and observing that she did nothing detrimental to a patient's recovery.

In regard to labor unions and graft, how many nurses are busy—even on their vacations—helping to care for a member of their family or a friend? I wonder if she knows how often nurses work without remuneration. . .

The R.N. is justified in righteous anger and if anyone is petty and narrow-minded it is the author of this letter and the editor who endorsed it.

R.N., Huntington, W. Va.

[R.N.'s editorial note on the "Blitz" letter was apparently overly cryptic. It read, "Won't even have to put on your boxing gloves to score a kayo on this one." The letter attacked an R.N. article based on editorial opinion, and could hardly, therefore, be construed as having the endorsement of the magazine. . . Kayo means knockout, not okay.—THE EDITORS.]

## ORCHIDS

Dear Editor:

May I congratulate you for the splendid issue of June, 1942?

This issue is full of helpful information, good articles, and an excellent resumé of the Biennial.

I thoroughly appreciate each edition of your magazine.

Phyllis R. Leonard, R.N.

Executive Secretary

Florida State Nurses' Association  
St. Augustine, Fla.

Dear Editor:

I have just returned from the West Coast where I combined business and pleasure. On my return I went through my mail and R.N. gets priority over all other magazines with me. I like all issues and thought the June issue was especially timely.

An officer friend took me through March Field and he, of course, knew the hospital was my greatest interest. How chic the nurses look in their dress uniforms! Certainly no sane man could keep Dan Cupid locked up for long looking at them. I hope a little tape-cutting soon takes place which will allow First Re-

AUG.—R.N.—1942

TO U.S. NURSES

EMBARKING

FOR

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*Lysol*  
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### ... consider Protection!

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serve Red Cross nurses to continue in their jobs even though marriage does catch up with them.

I wish to loudly acclaim my hearty approval that male R.N.'s be given officer's rating—not relative rank. Many other nurses feel the same. Three of my family are in the armed forces; one, a physician and a captain, is generous in his compliments regarding male nurses and says many are in the detachment as buck privates who certainly would be doing a greater service if properly classified.

May the day soon come when the news commentator referred to in your "Memo from the Editor" for March may have a truer word picture describing nurses than his reference to an airline hostess. I heard him too, and did I see red!

I love the nursing field and all it implies. As chief nurse in a small hospital and sanitarium I have a busy schedule but managed to conduct two classes in home nursing and teach first aid to a Girl Scout troop. My husband is superintendent of a large defense plant and I have an active eight-year-old son. Sometimes I burn the midnight oil to get my reading in, but I haven't missed a page of R.N. in many a moon.

(Mrs.) Lela M. Hicks, R.N.  
Quincy, Ill.

#### STILBESTROL

Dear Editor:

The information on stilbestrol in the June R.N. is extremely interesting and helpful. It is the first time I have read a discussion about this new drug.

Can you tell me if stilbestrol controls blood pressure? Will it keep it at a normal level?

R.N., Westfield, Mass.

[In the average patient stilbestrol does not appear to have much effect on the blood pressure one way or another except in hypertension of menopausal origin where the drug may bring about considerable improvement. As in the administration of any patent medication, stilbestrol should be administered with exceeding caution when high blood pressure is present in the patient. And, at all times, it should be given only under strict medical supervision.—ALLEN KLEIN, PHAR.D.]

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Aug.—R.N.—1942



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# MEMO FROM THE EDITOR . . .



## LUXURY NURSING

● The phrase "LUXURY NURSING," which came out of the Biennial, has stirred up some comment from coast to coast. Like so many catchy phrases, this one boomeranged. Many listeners concluded that "luxury nursing" was synonymous with private practice. [See this month's "Debits & Credits."] It isn't. Nor did its author intend it to be so construed. It was meant solely to cover that parcel of private duty which is "unnecessary"—that parcel bought annually by people whose ailments do not require professional nursing care.

We'd like to ask how large that group of patients is. Specifically, how many of our 45,000 private-duty readers earn their living caring for them? Almost everyone agrees that the vast majority of private nurses work hard for a living, that the number who live on the fat of the land are relatively few, popular fiction to the contrary. Why, then, this emphasis on so-called luxury nursing? Are there enough "luxury" nurses to make a sizable dent in the Red Cross recruitment program, even if all of them could be persuaded to sign up for war service?

In a new folder, "Nurses, to the Colors!" the National Nursing Council for War Service says, "You should serve with the armed forces if you are single, under 40, and are doing private duty; on a hospital's general staff; a head nurse not essential for teaching or supervision; a [non-

essential] public health nurse; in a non-nursing position; an office nurse..." Then, in a statement to the press (and reported in The New York Times, noted for its accuracy) it adds: "Civilians at home cannot expect service as usual, and wealthy hypochondriacs must look for some other way to pamper themselves than through hiring the services of trained nurses..." Again, luxury nursing.

We think statements of this kind becloud the issue. This is it: Of all nurses who have already joined the armed forces, only some 25 per cent have come from private practice; more of this group must serve if the recruitment program is to be successful.

Why not come right out and say so? Other methods tend by implication to convince the public that professional nursing in the home is a rich man's diet, that other means of getting just as adequate and safe care are available.

We believe that the majority of patients now employing private nurses NEED them. In the interests of the armed forces, some of these consumers of nursing care must make a sacrifice, obviously. Wouldn't it be better to urge them to do so without labeling any form of professional nursing a luxury, or any patient a "pampered hypochondriac"? We think this is dangerous to civilian health during the war. We think it is also dangerous to the status of the profession after the war. In that inevitable period of reduced economy, public opinion may not end with luxury nursing; it may conclude that all private professional nursing is—nice, but non-essential!

# Epidemics

## TYPHUS: THE

## FOURTH HORSEMAN

*"And I looked, and behold a pale horse; and his name that sat on him was Death, and Hell followed with him. And power was given unto them over the fourth part of the earth, to kill with sword, and with hunger, and with death, and with the beasts of the earth."*—REVELATION 6:8.

• The four horsemen of the apocalypse are again riding—this time with the speed of mechanized warfare. It is not a pleasant thought, but we must face it.

We cannot ignore disease when the course of history is traced. The two are inseparable. History of wars and conquests is largely the history of epidemic diseases with typhus fever and plague as the dominant factors. These diseases influenced the course and result of the conflicts and spread over frontiers to remain at times a permanent foci.

Hans Zinsser in his remarkable book "Rats, Lice, and History," said: "The disease of typhus is second to none—not even to plague or to cholera." He



Bettmann Archives

*Why wars and typhus occurred simultaneously was unknown when Napoleon visited a plague hospital in Jaffa. But the tragedy and waste of epidemic disease excited interest of scientists, statesmen, and artists, then as now.*

also spoke of "the relative unimportance of generals." It is true that major wars of the past have seen more people conquered by typhus than by the battlefield. We do not know if the history of this war will be influenced by outbreaks of typhus, but we do know that it has become active in many parts of Europe. Southern Spain is feeling the growth of epidemics as are Poland, Rumania, and neighboring countries. And, it can spread in epidemic proportions to other countries during prolonged warfare.

When, during the Napoleonic Wars, typhus was called "battle fever" it was not known why wars and typhus went together. We know today. It is spread swiftly from person to person by means of the body louse when people must live in crowded, unsanitary conditions. Louse infestation is usually present at these times. Lack of soap and the general misery of a people who have little

or no resistance to disease increases outbreaks.

Typhus fever has not been an important disease in our military forces since the Revolution. However, we do have the endemic type that extends over a considerable portion of the southern part of the United States. It has increased a great deal during the past twenty years, and we must, therefore, bear it in mind.

Now our armies are extended all over the world and we should understand epidemic conditions of these countries. Our workers in tropical medicine, particularly, have a real problem. The present tragedy will undoubtedly prove a stimulant to groups of scientists to undertake some of the solutions. Insulation of this country against disease consequences of the war will require terrific effort. Already typhus alone constitutes a tremendous problem in parts of Europe.

All branches of the public health services must work on the problem. Control methods must be set up and trained personnel and adequate funds made available. Clearly, the nurse in her many fields of activity should be familiar with this phase of wartime disease control.

Typhus is very widespread and may vary from year to year. It is most common from December to April, when it is most severe, and all ages may be attacked although it is less severe in children. Atmospheric conditions may have some effect as is the case in all plagues. Relative high humidity and low and equitable mean temperatures seem to be important. It is most common in cold countries and the subtropics.

Famine and war may cause outbreaks in localities which have been free of the disease for years. It may be



Bettmann Archives

*In the U.S., cartoonist W. A. Rogers showed President Taft cleaning out pestilence to speed Panama Canal construction.*

more common in the tropics than suspected as the rash is difficult to find on pigmented skin. It is possible in any country that has a cold season, but it may break out in hot weather. While it is essentially a disease of filth, a disease of troops, prisoners of war and refugees, it has been known to be rare or unknown in sections in which lice abound. Its inconsistencies, therefore, make it more difficult to control.

**Types.**—Typhus actually refers only to *typhus exanthematicus*, or louse typhus. Tick typhus (Rocky Mountain fever) or mite typhus (Japanese River typhus) are not to be confused with it. Until 1837 it was often confused with typhoid fever.

There are two main types of the disease and they can only be differentiated by trained laboratory technicians. The murine or Mexican typhus is found all over the world—or wherever there are rats. The vector is the louse that lives on the rat and so transmits the disease from rat to rat. When cases of murine typhus occur in a population that is unclean then the bites of lice may transmit it from patient to uninfected. When the population is not lousy, murine typhus may occur in a small number of cases, but is not transmitted from man to man. Cases of this kind exist in parts of our South and Southwest where the rat reservoirs exist. There are several hundred cases yearly of this so-called endemic typhus.

Zinsser and his colleagues proved that the virus was brought to this country at first by people who had suffered the disease in Russia and Poland. Some had a mild type of endemic typhus here, known as Brill's disease. Zinsser thought that this was a relapse of the original European infection. These cases are still seen occasionally.

The most virulent form of the disease is found in Europe and is spread by man-louse-man transmission. The Russian campaign is now being fought in the main focus of the disease. From here it has spread to other parts of the

world. Actually the virus is *Rickettsia* bodies named for Ricketts who, with Wilder in 1910, described these bodies as they found them in infected lice. They comprise a group of minute microorganisms intermediate between bacteria and filtrable viruses. They differ from bacteria chiefly in staining reactions and their inability to grow on culture media free from living cells. They differ from viruses in size and non-filtrability.

The cycle is usually as follows: The louse bites an infected patient, usually at the end of the attack, and the virus develops in the louse which becomes capable of conveying the infection within four to eight days. The louse then remains potentially infectious for the rest of its life. The disease has an incubation period usually of eight to twelve days, but has been known to reach the extremes of five to twenty-three days.

**Symptoms.**—Typical typhus has a sudden onset. Headache is severe with general malaise, chills, vertigo, and pains in the back and limbs. The face may be congested; vomiting is common and the patient may be excited, then drowsy or torpid in the later stages. Fever is usually very high and may be remittent. Broncho-pneumonia frequently appears, there is constipation (or diarrhea with blood-stained stools in severe cases), slight albuminuria, and moderate leucocytosis. About the fifth day a rash appears. The rose-like papules on a mottled base begin on the trunk then spread rapidly over the body. They rarely appear on the face, soles of feet or palms. The spots change to dark red, then brown and finally fade in from two to six weeks. There have been a few cases reported in which the rash does not appear. The fever lasts from ten to fourteen days. In cases of prolonged fever with severe headache and no localizing symptoms a physician may well suspect typhus.

Microscopic nodules are formed in





Bettmann Archives



*Water, always suspect in plague, is vital concern of public health agencies as it was in last century when cholera swept Hamburg. Horse-drawn drums became only safe water-supply.*

the walls of the arterioles and capillaries of the mid-brain and skin. Skin eruptions and hemorrhages are associated with their formation.

The nervous system suffers from typhus and this is an outstanding symptom.

Pulse is rapid at first and blood pressure may be low with tendency toward heart failure. This occurs most frequently toward the end of fever and early days of convalescence. The spleen is usually enlarged. Tongue may be coated and sordes appear on lips and teeth.

Thrombosis of the femoral vein is not uncommon and gangrene may occur in some cases. Parotitis sometimes occurs with suppuration of the gland. Bed sores are common in severe cases

where nursing arrangements are defective.

Positive diagnosis can be made by development of a positive Weil-Felix reaction. The serum is drawn early in the disease and at the period when the fever subsides to normal. The titre is considerably elevated at the latter time over the original serum. However, except during an epidemic it is difficult to make an early diagnosis.

During convalescence there may be melancholia, forgetfulness, or even mania. Death occurs more commonly in old or debilitated people. Those over 50 reach a mortality rate of from 60 to 70 per cent. Prognosis is not good when early pneumonia or thrombosis appear. Death usually occurs from eight to [Continued on page 54]



## WOMEN WHO NURSE

# Florence MacDonald, R.N.

*As a chief nurse in the Philippines she inspired these words from U.S. Assistant Secretary of War: "You have joined the tradition of the Minute Men of Lexington and the soldiers of the Alamo."*



Press Assn.

• At a conference, nurses re- Questions around the turned to

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• At a recent Washington press conference, reporters interviewed six Army nurses returned from the Philippines. Questions and answers boomeranged around the room. Finally the newsmen turned to the oldest nurse in the group.

"You talk," they said.

Quietly, Florence MacDonald, Captain, Army Nurse Corps, told her story. Rather, she recounted the epic events of that period from December 8th when Japanese bombs first bit into Philippine soil until in June she and her colleagues were welcomed to San Francisco. She described successive days of bombing on land and hazardous adventures in the air and on the sea.

"What's your objective now?" reporters queried.

"Foreign service—as soon as they'll assign me," said Miss MacDonald. Then she chuckled. "I've said *that* before. The first time was back in '18 and I didn't get my wish—until the war was over. It almost broke my heart."

"Back in '18" Florence MacDonald, charge nurse at Moore Hospital in Brockton, Mass., did not shilly-shally about joining the Army Nurse Corps. Young, robust, two years out of nursing school, she felt that Uncle Sam's finger pointed straight at her and accepted the challenge with alacrity. That she was born and educated in Antigonish, Nova Scotia, seemed only to increase her devotion to her adopted country. Maybe the shades of Minute Men hovered over Brockton City Hospital where she had her training; maybe the call for qualified nurses was more imperative then than now, but her explanation was more direct.

"I would have been ashamed not to join up," she said.

Stationed at Fort Banks, Texas, Florence champed at the bit for service abroad. Soon, however, she realized that there was an important nursing job to be done in our own Army camps, less dramatic, but vital to the war effort. Boys were rushed through intensive training and the toll on their phys-

ical and mental capacities was felt in Station hospitals from Maine to Montana. There, as at Verdun and Ypres, were sickness, disillusion, fear, and death.

"It was our job to keep the reservoir full and clean, and the transports loaded," she said.

Reward for the MacDonald stance on the home front was assignment in 1919 to the Army of Occupation in Germany. Then, as soldiers and nurses were mustered out to return to civilian life and jobs, Florence MacDonald chose the Army as a career. If the eye had been able to pierce the twenty-odd years ahead, and if the long shadow of alien planes over the Philippines had then been perceptible, one doubts that she would have done otherwise.

Today, Captain MacDonald has gray hair, soft and honest eyes, a strong nose and chin. She stands square on her feet. Both voice and hands are quiet. When she says that the boys at Clark Field and on Corregidor called her "Ma" or even "Grandma," she makes you feel that there is no more apt name for her.

Already she has disciplined herself to talk freely of the Philippine invasion, which to date climaxes her many years of service, although the interval of peace was also rich in experience. The place she knows—and which knows her—most intimately is beautiful Walter Reed Hospital in Washington, D.C. where, for almost a decade, she was nurse-anesthetist. From 1927 to 1929 she served in China and learned at firsthand the calibre of our present staunch allies. Then, in 1934, she returned to Texas, this time to Beaumont General Hospital in El Paso and from there, in October 1939, she was assigned to the Army hospital in Fort Stotsenburg, about sixty-five miles distant from Manila.

"That's where I adopted the Air Corps," Florence MacDonald reminisced. "On quiet evenings the boys from Clark Field would drop in at the nurses' quarters for a bite to eat—a

change from G.I. rations—and to talk. How they loved to talk! Vicariously, we became the mothers and sisters they had left behind—mothers and sisters who too often forgot to write.”

This chief nurse knows what letters from home mean to soldiers. Even during the weeks of siege, mail somehow managed to get through, but far too many hungry-eyed boys, sick or wounded, were left empty-handed.

“I could gladly have strangled their women-folk,” she flared. “That’s why it is important for us to tell what happened in the Philippines, why it should be repeated in newspapers and magazines. The general public must wake up to what our boys are doing; nurses qualified for military service especially must wake up. They have a job to do.”

It was on December eighth (our December seventh) shortly after the news of Pearl Harbor was received, that Miss MacDonald heard planes overhead and leaned from the window of the nurses’ quarters to watch “her boys” fly in. Two minutes later, Jap bombs were falling. When there was a momentary lull, almost an hour afterwards, she and other nurses off duty dashed for the hospital.

“Many casualties?” she asked.

“Too many!” the doctors answered, and pointed to the porches crammed with litters and wounded men. Later statistics showed eighty-five killed and four hundred wounded in this first raid.

“I soon learned that Quentin Reynolds was right—‘the wounded don’t cry,’” Captain MacDonald said. “Neither our American boys nor the Filipinos ever complained. Nor did the nurses. We worked under fire, with often more than 100 patients to a nurse, until we were evacuated on Christmas Eve.”

There were three air raids on the twenty-fourth when orders came to move to Sternberg General Hospital in Manila. Nurses loaded supplies all day—sterile goods, surgical instruments, pounds of [Continued on page 22]



## CITED

*For Va*

● First heroines to be decorated for service in World War II were six Army nurses cited on July first as “defenders of the Philippines.” The Delano Garden of Red Cross National Headquarters was the scene of impressive ceremonies climaxed by Surgeon General James C. Magee’s (in circle) awarding each nurse with a blue ribbon set in a gold laurel wreath.

To record the historic event, R.N. went to Washington along with a specially invited audience, composed largely of nurses in military service and the press. They heard nursing luminaries Mary Beard and Julia Flikke pay homage to all the gallant women, represented by these six, who under seige “worked ‘round the clock.” They heard General MacArthur’s special

emissary, tribute, “I heroism and mind forever hospitals in

Mrs. Fra New York the Preside God bless those left b of liberation

To the l dignitaries Beard read then and th of honor: Lohr, Harr thea Daley,



Photos from Press Assoc.

# Valor



emissary, Lt. Col. Carlos P. Romulo's tribute, "I was an eye-witness to their heroism and self-sacrifice... Etched in my mind forever are the scenes I saw in the hospitals in Bataan and Corregidor."

Mrs. Franklin D. Roosevelt flew from New York to read a special message from the President. "To those present today, God bless you for service well done. To those left behind—have faith, for the day of liberation will come."

To the long roll of drums, nurses and dignitaries stood at attention while Mary Beard read the six names (see cut right) then and there added to nursing's roster of honor: Florence MacDonald, Mary Lohr, Harriet Lee, Eunice Hatchitt, Dorothea Daley, Juanita Redmond.





FLORENCE MACDONALD, R.N.

[Continued from page 20]

gauze. A doctor risked his life to race back for a field sterilizer, forgotten in the rush. "We cheered him," said Miss MacDonald, "as he hopped aboard our train en route for Manila. Manila had already been declared an open city. But that didn't mean anything to the Japs. They were overhead for the six days we were there. One bomb dropped four blocks from the hospital, and they strafed us as we waited on the docks for the boat to Corregidor."

"On the Rock," nurses were ushered into the safe and cool laterals of Melinta Tunnel which was to be their home for the next four months. Their quarters were adjacent to the hospital which had a bed capacity of 1,000. The tunnel, several hundred feet beneath solid rock, providentially had been built ten years earlier.

Next to the air corps, Miss MacDonald is most enthusiastic about the Army engineers.

"They put in running water and flush toilets, bless them. It was quite luxurious. The quartermaster's corps did all right, too."

They ate cracked wheat bread, a bit under-cooked in field ovens; carabao (a kind of water buffalo); horse, or mule meat; canned potatoes and vegetables; canned milk; native coffee roasted in bread ovens. After a while, the supply of vegetables and potatoes was exhausted, but meat and bread continued plentiful.

Nursing equipment, conditions, and techniques were excellent. Patients were bathed every day for a time, then every other day. The load was about twenty patients to a nurse. Drugs and anesthesia were adequate. Morphine was made in fresh solution daily. When sterile dressings ran out, nurses pinned towels on patients instead.

Corregidor even boasted a couturier, a Chinese tailor, who "ran up" khaki skirts for the nurses whose blue or white uniforms proved peculiarly visi-

ble from the air. The quartermaster corps issued matching Army shirts and overseas caps.

Unless there was unusual pressure, the eighty-five nurses on Corregidor had ten-hour duty; found meagre recreation in playing cards or going "topside" for short walks. Japanese shells from the peninsula offered orchestral accompaniment to these constitutionals.

"On the Rock we had bright, bright, moonlight nights and were bombed incessantly from all sides," said Captain MacDonald. "The actual sound of bombing is indescribable. With the sound comes the memory of the devastation, the shattered bodies, the unbelievable heroism, and the peculiar miracles."

She told of a boy who three times escaped death in circumstances where all his companions were killed. After the third experience, he had a severe mental breakdown which Army psychiatrists feared would be permanent. A buddy rooted through the patient's barracks-bag and found a picture of an older woman which he took to the boy.

"Mother," the sick boy said softly, "where have I been?" He was completely normal from that moment.

Another "miracle" to Florence MacDonald is her escape from Corregidor. On the night of April 29th she and nineteen other nurses left the Rock on General Wainwright's orders in two Navy Catalina planes. The Japs were celebrating Emperor Hirohito's birthday, so there was a temporary lull in the bombings.

"Thanks to the Emperor we made a safe landing at Lanao Island, Mindanao, at four A.M.," she said. "We stayed under cover all day, stuffing ourselves on the most delicious food we'd had in months—ham, grapefruit, turkey, pie, and even ice cream! 'Photo Jo's,' Jap reconnaissance planes, flew overhead constantly."

At seven P.M. the two planes tried to take off from the lake on which they had landed. [Continued on page 52]

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### THE MEN'S

# Viewpoint

• Men nurses, last month, rallied to the challenge of John Del Grosso [D & C, March] to make articulate their interests, problems, grievances. Men in Service, in industry, and institutions wrote R.N., requesting editorial space for their viewpoints. Chief concern among our men correspondents is lack of rank or recognition in the Army, with professional problems ranking second. Here, in their own words, is the expression of that opinion:

A sergeant from an undisclosed post writes, "Why, with all the desperate calls made for nurses through your magazine and other channels, does the Government not recognize men nurses? If there has ever been a logical place for their use, it has been in the Army where the patients are almost entirely men. All of my superior officers recognize that I could be of much greater service than I am at present if there were only some provision made in the organization. . . There are many male R.N.'s who are in the Army but outside the medical field. No credit is given for their training and experience until after entering the Service. Those of you who are on the outside may still be able to do something concrete about remedying this set-up before you, yourselves, are called in. The Navy recognizes the training that men nurses have had and rates them accordingly. Why

couldn't the Army do the same, even if it required Congressional action?"

Also concerned over "the forgotten man" is Thomas I. Schlegel now in Australia. "Just what is to become of the registered man nurse in the Army, Navy, or Marine Corps?" he queries. "Is he to be forgotten entirely and thrown in with a group of unskilled workers, or is he to be recognized for what he is? We are given every possible advantage, but the fact remains that we are privates while men with no medical training or experience are non-commissioned officers. We are used as instructors and, on some busy wards, as ward supervisors. Possibly in the near future we may be given stripes and made service supervisors."

An appeal to "broad-minded, intelligent nurses" for recognition of registered men nurses as their co-workers is made by John Leo Longan of Chicago. "Once there is solidarity in the nursing family—women and men nurses working together in harmony in their respective spheres—men nurses may eliminate from their records the names of those who are unethical or have never had approved nurses' training. . . There are some unethical male nurses, obviously. Are there no unethical women nurses? The fine, efficient service rendered by the majority of women nurses over [Continued on page 60]



# BELLEVUE'S BLACKOUT

1. Bellevue Hospital, long a beacon to New York City's sick and destitute, has dimmed its lights. In the event of air raids, no tell-tale glimmer will seep through its blacked-out windows to reveal the incessant activity within. Brick superstructure, reminiscent of a medieval fortress, surrounds the windows of the emergency ward, attracts probies and students to examine its cleverly designed air-holes with bricks placed to deflect flying debris.

Photos from Pre

2. Civilian, ers are con 200-year-old bombs. Over have been tr of the male fire precaut cedure unde department. his roof sta blacked-out for incendia



Photos from Press Assoc.

2. Civilian, as well as medical workers are concerned in protecting this 200-year-old hospital from enemy bombs. Over 700 Bellevue employees have been trained in first aid and 150 of the male personnel have studied fire precaution and emergency procedure under the New York City fire department. One of these is shown at his roof station (above) flanked by blacked-out skylight and sand pails for incendiaries.



3. The first hospital to have an ambulance system (1869) and the first to develop a catastrophe unit (1939), Bellevue again takes the initiative in safe-guarding incoming patients by erecting a solid brick wall near elevators and entrance to the emergency ward. This barrier prevents flying debris from hitting patients or blocking the receiving entrance. Emergency ward and admitting room become most significant in times of disaster. To relieve pressure on regular admitting officials should air raids materialize, head nurses have been trained in actual techniques of admitting patients. [Turn the page]

# BELLEVUE'S BLACKOUT (CON'T.)

Photos from Press Assoc.



4. Once safe in the wards, patients are cared for by nurses trained in blackout and evacuation procedure. Windows are boarded up for additional safety (above) and composition board replaces glass partitions in the 'babies' ward (left).

5. Because of Bellevue's strategic location on twelve city blocks, all patients but those in psychopathic ward may be moved three blocks on the same level. Nurses have had instruction in this evacuation technique but do not rehearse it because of possible harmful effect on patients.

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## DILANTIN SODIUM

*Here is an anticonvulsant with a minimum of  
hypnotic results for the treatment,  
not the cure, of epilepsy.*

BY ALLEN KLEIN, PHAR.D.

• Over half a million people in the United States are afflicted with epilepsy. The "falling sickness," with its violent muscular convulsions, loss of consciousness, labored breathing, blood-streaked and frothy saliva, and various psychic phenomena was a mystery to physicians for centuries. Its etiology and treatment baffled them. Relief came in some cases, in 1857, upon discovery of the sedative qualities of the bromides in treating the disease. During 1912, phenobarbital was found to be useful. But these medicaments have their drawbacks—skin eruptions, mental and physical depression, and even more severe side actions. They are ineffective in too many cases. The same is true of dietary measures, chiefly the ketogenic diet and restriction of fluid intake, which are sometimes of value but too often disappointing.

Aware of the need for an anticonvulsant of greater efficacy and a minimum of hypnotic results, Drs. H. H. Merritt and T. J. Putnam tried numerous drugs on cats, dogs, and rats. They found one, diphenyl hydantoin, to be especially satisfactory in protecting animals against experimentally induced convulsions. At the annual meeting of the

American Medical Association, in 1938, they reported that extensive laboratory and clinical investigations of this drug, under the auspices of the Harvard Epilepsy Commission, showed great promise.

Diphenyl hydantoin, better known as dilantin sodium, bears the chemical name of sodium 5, 5-diphenyl-hydantoinate. It occurs as an odorless, white, microcrystalline powder, slightly bitter in taste, soluble in water and alcohol. It is supplied commercially in hermetically sealed capsules of 0.1 and 0.003 gm. each, under the trademark of Kapseals Dilantin Sodium. It is accepted in the N.N.R. and will be official in the coming U.S.P. XII.

Dilantin sodium is no miracle drug. It is not a cure for epilepsy and will not correct congenital defects or the mental deterioration frequently encountered in the epileptic. But it certainly marks a long forward step in treating this so-often hopeless disease. It not only controls convulsions in a higher percentage of patients than any medical agent used to date, but it does so with negligible or no hypnotic effects. It is an anticonvulsant and not a sedative. As one writer states, dilantin



sodium "has become strongly and deservedly entrenched in the treatment of epilepsy."

Typical of reports concerning the effectiveness of dilantin sodium is this one. The drug was administered to 142 epileptics, especially selected because they had been subject to frequent seizures for many years with little or no benefit from bromides, phenobarbital, or other therapy. Most of the patients had really severe epilepsy. *Grand mal* attacks were relieved in 58 per cent and greatly reduced in frequency in another 27 per cent. *Petit mal* attacks were relieved in 35 per cent and greatly decreased in number in an additional 49 per cent. And psychic equivalent seizures were improved in 67 per cent and stepped down in frequency in 33 per cent.

A combined report of thirteen clinicians in the Journal of the American Medical Association finds that 404 out of 595 patients proved amenable to therapy with dilantin sodium than to any other anticonvulsants. Besides diminished frequency and severity of seizures, the general attitude and behavior of the patients are favorably influenced. Two investigators note a marked change in mental state and personality, definite improvement in memory and concentration. They noted a sense of composure and sureness, with a return of social interest evidenced within a few weeks.

The change of attitude when certain patients were switched from the usual drugs to dilantin sodium is well conveyed in this paragraph from a recent article: "On the usual long-continued administration of the orthodox drugs in epilepsy many of the patients are obviously 'doped' and exhibit toxic manifestations of bromide and barbiturate therapy; mental dullness and often mental deterioration, bromide acne, dirty tongue, and disturbed digestion. When they are put on sodium diphenyl hydantoinate (dilantin sodium), there is usually a striking contrast. The drug rash soon disappears, and the skin is healthier; in many patients there is an improvement in the general physical condition and the capacity for bodily activity. . . Most of the patients are brighter, more alert, and less hesitant in speech and movement; the mental improvement may show itself in a new ability to enjoy reading, or even in a change of disposition, with a result that a bad-tempered, quarrelsome patient becomes a genial member of the community." In short, a happier and more normal life, with better economic and social adjustment, is made possible with dilantin sodium.

As with any other powerful drug, dilantin sodium should be administered under the close direction of the physician. The nurse should be on the alert for these signs of untoward reactions: nervousness, [Continued on page 64]

★ ★

★

#### PLEDGE

I will be skillful, hands and brain  
Consecrated to easing pain.  
I will be patient to old and young,  
Calm and poised, with guarded tongue.  
I will be gracious in room and ward:  
Humanity is the common chord.  
I will be cheerful; joy is a sure  
Medicine to speed the cure.

—JANICE BLANCHARD, R.N.

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# "Ask Miss Torrop"



BY HILDA TORROP, R.N.

*[Have you a personal-professional problem to be solved? Hilda Torrop is an expert on personal adequacy and vocational problems. She'll be glad to answer questions similar to those which have been published so far. No names will be used, so don't hesitate to write in for advice.—THE EDITORS.]*

**Q.** I am seeking information concerning a school of nursing for negro men.

**A.** The Mills School connected with Bellevue Hospital, New York City, admits negro men for preparation as registered nurses. Address your inquiry to Miss Blanche Edwards, Principal, School of Nursing.

**Q.** I recently accepted a position as superintendent of nurses in a hospital averaging a daily patient load of 115. In the nursing school there are about 50 students, including 20 seniors who will complete their courses this summer. I find now that the hospital does not expect to employ graduates to replace students who may go out into other jobs. In fact conditions are quite different from what I was led to believe before I took the position. Supervisors and students have only two hours off duty daily, four hours off on Sunday. O.R. nurses are frequently up all night and are on day-and-night call.

Supervisors receive only two weeks' vacation, are paid only \$80 a month, and are too few to carry the load. The philosophy of the hospital seems to be to run on student labor, paying students \$6 a month. I don't feel that this is a sound way to run a hospital and a nursing school. The staff is dissatisfied and four students developed tuberculosis in the last two years. I have never seen a group look so run down and exhausted. There is no thought of a health program for students and no planned teaching program. Recently the business manager told me I am expected to run the hospital on a shoestring. What would you advise me to do?

**A.** The situation you review in your letter should have been examined point by point before accepting the position.

The problems run the gamut of those found in many schools. Why not accept the challenge! Very possibly one or two responsible, interested people will be found on the board.

You outline several major problem areas. Be sure of your facts, be sure you have correct comparative figures and standards and *then* present the picture as unemotionally as possible. Would it be more *economical* to close the school? Could you prove this? Best wishes to you.

**Q.** This is a small point but it is always coming up. How do you word your invitation so that a friend knows whether you are paying for the luncheon or dinner or whether you are simply suggesting that you spend that amount of time together?

**A.** Many people will smile sympathetically at your question for most of us have faced this sometimes embarrassing situation. There are words that help. For the person offering the suggestion: "Will you lunch *with* me on Tuesday" gives a distinctly different impression from "Let's have lunch [*Continued on page 48*]"

# YOUR

# Telephone

# VOICE

BY IBBIE BRYAN



• Any glamour girl will tell you that in the final analysis it is the telephone which makes or breaks her. No matter how alluring she appears across a candlelit table, she's got to be in form when the telephone starts to buzz or she'll land plop on the shelf!

Yes, I know; you're having little to do with glamour. Leave that to the movie stars! Nevertheless, those little black instruments are vital to your pet campaign for success—in your job and out of it. Every time you pick one of them up, the person at the other end of the line gets a picture of you.

Woman to woman, is it your own sweet, efficient self he "sees" or an ugly caricature drawn by poor telephone technique? Remember, you're stripped of your smile, your gestures.

Let's begin at the beginning. It's one of those hectic days when everything happens at once and the telephone be-

gins to ring. You snatch it up. Of course you aren't irritated, but you can't blame the caller for thinking you are when that minor explosion which snatching a receiver off the hook generally causes, all but cracks his eardrum.

If you sigh a languid, "hello," he may jump to the conclusion that you need vitamins or haven't been to bed for a week. He doesn't know that you're standing as straight as a soldier presenting arms, unless your tone tells him so.

Put some pep and warmth into your voice, and identify yourself at once. He'll get the impression that you are alert and interested in what he has to say. That's what you want him to think, isn't it?

Then there's the business of how to talk on a phone. Speak plainly, not too fast, your lips half an inch from the instrument, and don't shout. The telephone magnifies your voice, so that an ordinary conversational tone is right.

Of course you have long ago learned to keep a pad and pencil handy, so you don't have to say, "Wait a minute." But have you discovered that you save time in the long run by ignoring everything around you until you've finished with the phone?

I don't have to tell you how vital it is that you get the doctor's orders straight, and you waste his time and yours if you have to ask him to repeat. Another thing, if you're giving the telephone your undivided attention, you will be less likely to overlook a point.

Let us suppose you are on the desk in surgery and one of the doctors calls to post a case for eight o'clock the following morning. He'll probably tell you he has a suprapubic prostatectomy and hang up, unless you ask him the patient's name and the type anesthetic he wants to use.

Not long ago a woman I know discharged a nurse because she "simply couldn't stand that voice" when she called each morning to see whether

little Percy had had a good night.

"But I can't help how my voice sounds," you exclaim.

Oh, but you can! A good many voice faults are caused by improper breathing. Fifteen minutes exercise each day will do wonders.

Cup your hands behind your ears, stand about a foot from the wall and speak. You'll be able to hear yourself as you sound to others and as you sound over the telephone. Your voice should be quiet, soft and sweet, low-pitched, yet not so low that it is masculine. It should use the full range of its eleven tones, thus avoiding a monotone. It should be warm and compelling.

If it doesn't meet all of these re-

quirements, then begin working on it immediately.

First, stand on tiptoe, stretching your arms high above your head and breathing clear down to your middle. Pretend that you are blowing out matches. Blow out at least a dozen, making your breath come from your diaphragm, not from your lips.

Then try saying words like "found," "bound," "wonderful," "murmur," and say them from the diaphragm. Try the numbers from one to ten, going all the way up the scale, and then a few of those tongue twisters like, "Peter Piper picked a peck of pickled peppers. . ." and "Theophilus Thistle, the successful thistle sifter, is sifting a sieve. . ."

And from henceforth, hum in your



shower. Not in back of your throat, but in your head so that it buzzes on your nose and lips.

And last, don't forget that your mouth should be open at least half an inch when you speak so that the sound can come out.

Once you start working on your telephone technique and discover just how potent a weapon it can be for influencing people, you will begin to detect many instances where you have slipped up in the past.

I'll wager that never, never again will you be guilty of saying to a relative of one of your patients, "I'm sorry, but we aren't allowed to give out *that* information."

Of course you aren't, but there are plenty of ways to get around saying so. Many nurses who are the essence of tact when talking directly to a person are inclined to be abrupt over the wire. Whereas the situation really calls for more than the usual amount of courtesy.

A nurse I know always supplements her, "He had a good night," with something like, "He's just having his bath," "He ate a good breakfast," or "He has

decided to write letters this morning." Or if she has to report a bad night, she is careful to add a few words which let the relative know she is concerned.

Little things, to be sure, but popularity winners, and frequently, they forestall the awkward questions which you can't answer.

She says, "Nurses sometimes forget that they are dealing with human beings."

You can easily let a note of sympathy and understanding creep into your voice without bringing on a case of hysterics when it is necessary for you to report a patient's turn for the worse to his relatives.

If you are doing private duty, you can't be too tactful in accepting calls for your patient. That Mrs. Pecksniff who rambles on and on about her last five operations may have another, one of these days, just when you're waiting for a call. That twittering young girl belongs to a family of seven, and I've heard her second brother is suffering from chronic appendicitis. And that old chap who asks all the absurd questions has enough money socked away to [Continued on page 68]

## PROBIE



"Hurry up and unmobilize me—I'm late for classes."

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# Science

## IN THE NEWS

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### FE, FI, FO, FUM

● The blood of man may soon mingle with that of a prime sirloin. According to Dr. A. Newton Richards, chairman of the Committee on Scientific Research of the Office of Scientific Research and Development, scientists of Harvard University are working on the use of beef blood for transfusions. Millions of gallons are now thrown away yearly. They are attempting to prepare the albumin so that it will be harmless to man. Albumin helps to fight shock because it holds the fluid within the blood vessels. In shock the blood vessels lose their ability to keep blood and other fluid in the walls. Albumin from human blood has already been used with marked success, especially at Pearl Harbor.

*There are at least 10,000,000,000 nerve cells in the brain of a normal human being.*

### PIED PIPER

● The time has come for a new "Piper of Hamlin," according to the Boston City Health Department. They make a plea for eradication of the rat on the grounds that they spread bubonic plague, typhus fever, infectious jaundice, rat-bite fever, and food poisoning. The Department figures that the annual cost to the nation is \$200,000,000. This is a cost of from \$8 to \$20 per family. Three methods of extermination are suggested: starve them out, kill them, build them out.

*Occupational accident deaths last year amounted to 18,000, 6 per cent higher than the preceding year.*

### VACCINE

● Lederle Laboratories have received a license from the U.S. Public Health Service to make the first Rocky Mountain

spotted fever vaccine. It is made from chicken embryo by the yolk-sac method. This disease, which was first discovered in the Rocky Mountain area, has now been reported from all but five New England States and two States in the north central region. A total of 147 cases for the entire nation has been reported for this year. There is a usual increase in late Spring and early Summer.

*Length of life in U.S. has doubled in six decades, says report from Metropolitan Life Insurance Company. Average life today is 63.42.*

### HICCUP

● Dr. Edward G. Rosenow of the Mayo Foundation announced at a meeting of the American Society of Clinical Pathologists that persistent epidemic hiccough and post-operative hiccough is a streptococcus germ normally in the throat and in the air. It somehow acquires power to produce spasms of the diaphragm. He gives a serum that reduces the severity and number of spasms.

*If perspiration stains have affected the color of a garment, fumes from an ammonia bottle may restore the original shade.*

### RATIONING

● "Sugar rationing won't be harmful," says M. L. Wilson, assistant director of nutrition of the health and welfare defense program. People will now add sugar from other sources—sources which contain vitamins and minerals lacking in the refined product. If we had no sugar at all we would have to eat grains, meats, milk, and green vegetables and such foods as contain natural sugars plus such needed vitamins as the B group in addition to minerals. Primary use of sugar in the diet

is energy. We can get that from other foods, and they have a plus value. One glass of milk is equal in fuel value to four teaspoonfuls of sugar—and in addition we get proteins, vitamins, salts, and fats. Whole cereals give sugar as well as B vitamins and protein.

*When tea was first introduced into Europe, people were advised to drink forty or fifty cups a day of this "divine herb."*

#### BLOOD PRESSURE

● Artificial fever, induced by chemicals or by triple typhoid vaccine has been used to reduce high blood pressure, according to Dr. Herbert Chasis and associates of N. Y. University College of Medicine. Repeated doses kept the blood pressure at lower levels even when the fever was kept from developing by first giving amidopyrin. This is not a cure. This same high blood pressure was found to be more common in women, more serious in men by Dr. R. L. King and associates at Mason Clinic in Seattle. Ratio was 3:2. Real seriousness of high blood pressure in patients is influenced by the height of the blood pressure, advancing age, presence of signs of progressing changes in blood vessels, especially the brain, heart, and kidneys.

*Typhoid germs may live as long as sixty days in shell oysters.*

#### MOLD

● Penicillin, one of medicine's newest weapons against disease germs has terrific power. It is extracted from a mold

not unlike the molds that grow on bread, cheese, and sausage. The English scientists now have obtained a highly purified preparation in the form of its barium salt. This stops completely the growth of *Staphylococcus aureus* when used in a dilution of one part to twelve million. They are hoping to get a preparation so pure it will form crystals. So far it has proved a safe and effective weapon in use against germ diseases. At present the scientists are working on a way to produce large amounts of it, either from the mold itself, or by chemical means. It was discovered by Professor A. Fleming of St. Mary's Hospital, London.

*Perspiration won't interfere with the vision of surgeons who have adopted new cellulose sponge brow-bands.*

#### FOOD LAUNDRIES

● The British have established food decontamination depots just in case the Axis uses gas. Concrete-floored, metal-equipped rooms are ready to be used to combat the effects of any of the fourteen known types of war gases. In the reception chamber, trained workers will trim off the outside of meats and fats. Then the foods will be moved into airing rooms. Canned foods will be immersed in water treated with a bleaching agent and each can will be indelibly coded to identify its contents. After decontamination, the foods will go to the sampling room where tests will be made to prove their complete fitness for human consumption.

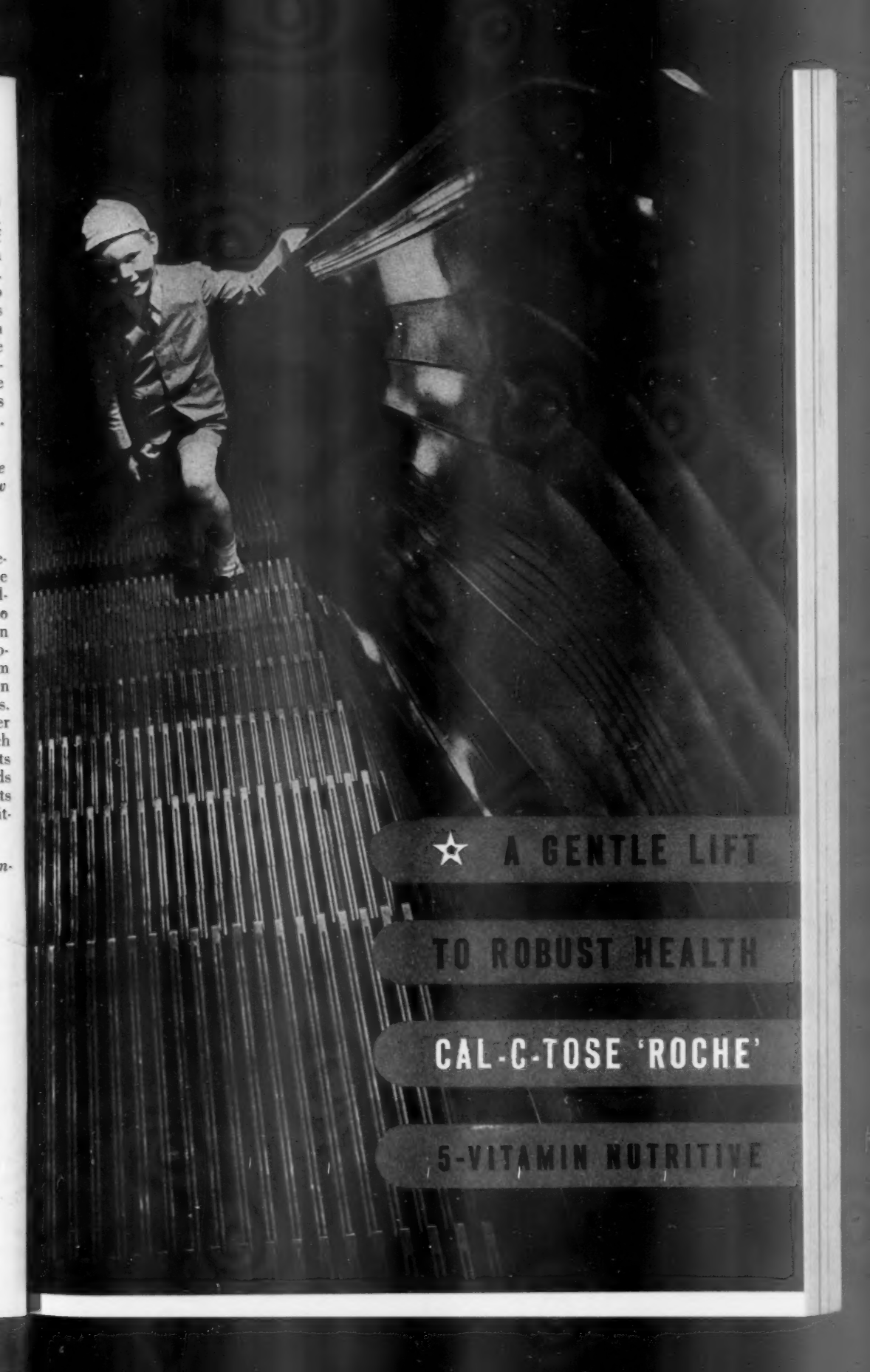
*Bronchoscopes are now used to find imperfections in airplane engine oil lines.*



#### STILL MOVING

A mountain carved out of a pearly dawn  
Like a great blue cameo . . .  
Nothing could be more beautiful, I thought.  
But now I know:  
With this strange litter on your bedside table—  
Cotton and iodine, needles and tourniquet—  
To see your too-smooth counterpane still moving  
Is more beautiful yet.

—MERLE PERRY, R.N.

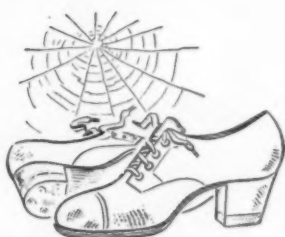


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## Calling ALL NURSES

*Is there someone in the profession you'd like to locate? You may insert here, without charge, a 75-word notice. Items will be published in the order received. Be sure to include your full name and address so that replies may reach you. Address the "Calling all nurses" editor.*

**EX-SERVICE NURSES:** Reunion breakfast will be held in St. Louis during the Legion State Convention, on Monday, Sept. 7, DeSoto Hotel, 11th & Locust Sts. at 7:30 A.M. Breakfast \$.87. For reservations phone or write Leonora Habighorst, Dept. Commander, Nat'l Organization World War Nurses, 3666 Bellerive Blvd., St. Louis, Mo.

**JESSIE RANKIN:** Trained at New Haven General Hospital, class of 1915. Please get in touch with Elizabeth A. Geary, 54 Vernon St., Hartford, Conn.

**FRANKLIN HOSPITAL GRADUATES:** (San Francisco, Calif.) Class of December, 1933. Would like to start a chain letter as a preliminary to our getting together in the near future. Please send your addresses to me so I can start it. Emily Fitzsimmons Burlingame, 25844 Oak St., Lomita, Calif.

**L.D.S. GRADUATES:** (Salt Lake City, Utah) Send in your contributions for the annual News Letter now. Extra copies 25c. (Mrs.) Roxana Hase, L.D.S. Hospital, Salt Lake City, Utah.

**ALL NURSES:** In the June R.N. I noticed that some older nurses were having difficulty finding positions, especially in the coastal regions. We are glad to have nurses, regardless of their age, if they can fulfill their responsibilities. We would appreciate it if there were a ways and means of directing their footsteps toward our paths. Anyone willing to come to this



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Methyl Salicylate  
Demulcent Base  
(contains no sugar)





region, kindly communicate with Sister M. Gabriel, Supt., Loretto Hospital, New Ulm, Minn.

**MARCIA VAN ALSTINE BAMPTON:** Graduate Albany General Hospital, and **GERTRUDE DALE:** New York Hospital. Last seen in Honolulu in 1940. Please write Babs Dunlop, No. 2 Talmadge Drive, Baldwin, L.I., N.Y.

**MAUD JETTE:** Graduate of St. Mary's Hospital, Green Bay, Wis., last heard from in Ford Hospital, Detroit, Mich. I'd like to hear from you. Please write. (Mrs.) Mary Grohusky Gormley, 107 S. Race St., Marion, Ind.

**DIXMONT HOSPITAL GRADUATES:** Class of '32. We are planning a reunion and would like to locate Emma Crocker Griffin, Oakmont, Pa., Sophie Froncek, Vandergriff, Pa., and Vera Teem, North Carolina. If anyone knows these nurses, please ask them to write (Mrs.) Pearl McHale, 307 N. Irvine Ave., Sharon, Pa.

**ST. JOSEPH'S HOSPITAL GRADUATES:** (Yonkers, N.Y.) Class of 1916. How about a get-together, girls? Let me hear from you. Helen Sutherland McSorley, 131 Silver Lake Rd., Staten Island, N.Y.

**MARY C. STRAUB:** Graduate of St. Johns School of Nursing, Springfield, Ill., last heard from in California. I should so much like to hear from you, Miss Straub. Where are you and what are you doing? Your grateful student and friend is eager to write you. Irene Connolly, 4528 Laclede Ave., St. Louis, Mo.

**PEARL NAMONI WITHERILL:** Will you please mail me, at my expense, Round Robin letter started in 1938 by our class at Passaic General Hospital. I would like very much to hear from you. Myrtle G. Kennell, Point Pleasant, N.J.

**CLARA SCHURR:** Head nurse at Colorado Psychopathic Hospital, Denver, Col. 1933-'34. I should like to hear from her or from someone who knows her. Doris Aufderhide Hempel, 1000 Ave. B, Galveston, Texas.

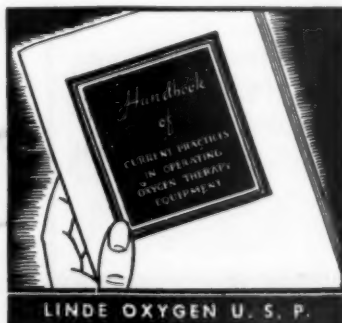
## Health Briefs

BY LEONHARD FELIX FULD, PH.D.  
Health Director, Medical Center  
Jersey City, New Jersey

A health examination for nurses should include an inspection of every bodily orifice.

An abundance of palatable drinking water should be available to nurses at all times for the encouragement of the ingestion of adequate fluid between meals.

Every nurse must determine for herself how frequently her hair should be shampooed—whether bi-weekly, weekly, semi-weekly, or even more frequently.



## Linde can Help You

• For many years, Linde has co-operated with hospitals and physicians in studying oxygen therapy problems. The experience which has been gained from this research is available in the form of literature, motion pictures, and personal help. Write for a copy of the Linde handbook.

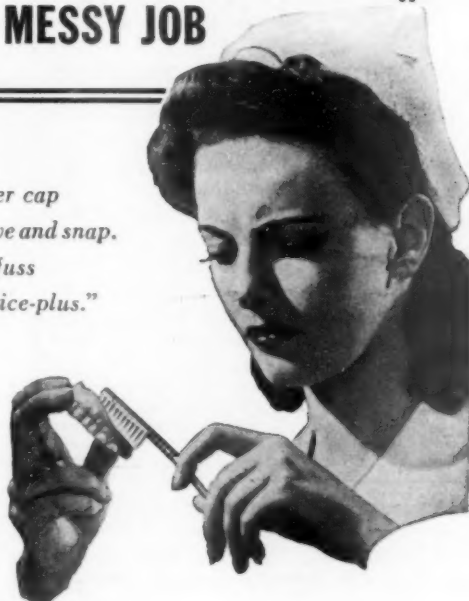
**THE LINDE AIR PRODUCTS COMPANY**  
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## HERE IS THE WAY NURSE HELEN COBB AVOIDS THIS NASTY, MESSY JOB



*Since Helen first put on her cap  
She filled her job with verve and snap.  
Her extra care and extra fuss  
Insured her patients "service-plus."*

*But one job Helen really hates  
Is scrubbing patients' dental plates.  
So Helen used her pretty bean—  
Let POLIDENT soak dentures clean!*



*For POLIDENT just can't be beat—  
Keeps dentures pure and clean and sweet.  
You simply soak, then rinse. That's ample!  
Write in today for your free sample.*

### WORKS LIKE MAGIC

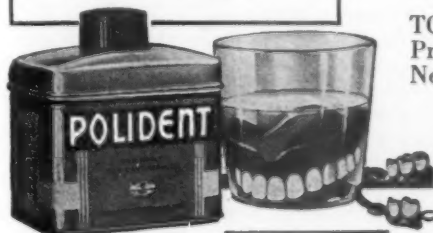
**Soak 10-15 minutes - Rinse - That's All!**

Brushing false teeth is dangerous . . . as well as unpleasant. Polident minimizes danger of hand-infection from unclean plates . . . lessens possibility of scratching, dropping or otherwise damaging expensive dentures.

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POLIDENT dissolves away all traces of dingy film and discoloration . . . soaks out odors . . . leaves plates looking LIKE NEW. It gets into every tiny crevice where brushing can't reach . . . won't harm dentures . . . is used and recommended by leading dentists everywhere.

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## IN REVIEW

A QUICK GUIDE TO CURRENT BOOKS  
OF INTEREST TO NURSES



### PATHOLOGY

*Eugene C. Piette, M.D. \$2.00. (Fourth edition.) F. A. Davis Co., Philadelphia, Pa.*

● "You do not have to be a superman to learn a few essentials about pathology," says the author of this book in his preface. He is right. You do not have to be a superman—if you have a text like Dr. Piette's: direct, simple, and authoritative.

The picture subject matter in this text is unmitigatedly horrible—perhaps of necessity. However, the depressing effect of a continuous series of cancers and tumors might be relieved by some diagrams and plates showing normal structure and pathology.

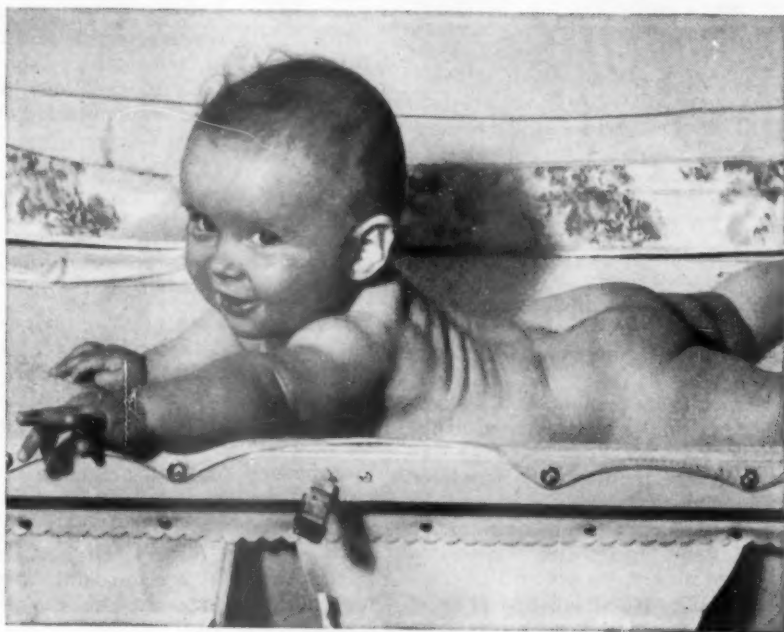
Dr. Piette's style is admirably above that of the usual medico lecturing to nurses. His account of the right and wrong ways to give cod liver oil to infants is classic.

This book also appears in another form: as part of *Microbiology and Nursing*, Piette and White, F. A. Davis Co., Philadelphia, Pa., 1941—M.H.

### WE NEED VITAMINS—What Are They? What Do They Do?

*Walter H. Eddy, PH.D. and Gessner G. Hawley, \$1.50. Reinhold Publishing Corp., New York, N.Y.*

● This volume is introduced as a primer for the general reader. While most of the text is clear and understandable to the above-average layman, there are times when technical and scientific terms creep in to make the reading anything but simple. Vitamin potency tables and vitamin unit expressions are of value to the scientist, but can hardly be of interest to the general reader. In a like manner, the vitamin charts in the appendix are complicated by reference numbers and 100 gram portions which are rather useless and confusing to any except active workers in this field. Questions and answers



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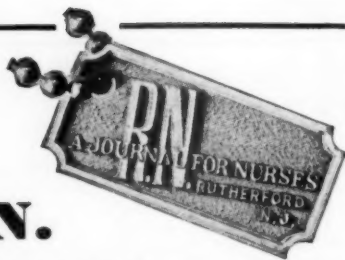
Johnson & Johnson, Baby Products Division  
Dept. 916, New Brunswick, N. J.

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Although metal and manufacturing costs have gone up 50 per cent—and promise to go higher, we are still offering the R.N. key tags at our original price of 25 cents each. Our supply is limited, however, so if you have not yet purchased a personal key tag, send in your order now before it becomes impossible for us to supply them.

The tag is attractively embossed on silver-finished metal. On its reverse side is your personal identification number—and instructions requesting the finder to return the keys to our offices in Rutherford. Lost keys will be forwarded immediately to the owner without cost.

Key Insurance Editor

R.N.—A JOURNAL FOR NURSES  
Rutherford, N.J.

relating to specific vitamins are handled excellently and the information is timely and authoritative. It is too bad that the borderline between scientific and laity information and terminology should be crossed so often. An excellent book for the nurse, but not recommended for most of her patients.—C.V.

### THE ART AND SCIENCE OF NURSING

*Ella L. Rothweiler, R.N., Jean Martin White, R.N. \$3.00. (Second edition.) F. A. Davis Co., Philadelphia, Pa.*

● This has been a popular text, as is evidenced by the fact there have been six printings since its first appearance in 1938. It covers general medical and surgical routines, with particular emphasis on hospital set-ups. Chapters on hydrotherapy and first aid are contributed by eminent doctors.

Particularly to be praised are the discussions of the nurse's religious responsibilities, and (at the opposite extreme of her duties) the care of the hospital kitchen.

Features which might be criticized in this unusually good textbook job are the small, hard-to-read size of the print and the excessive repeated use of the verb "should."—M.H.

### VITAMINS

*Henry Borsook, M.D. \$2.00. The Viking Press, New York, N.Y.*

● Here's a book for the layman—a book which Johnny Public can read, enjoy, and use as a reference. If your patients pester you about vitamins, recommend this commonsense discussion by a well

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AUG.—R.N.—1942

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\* *Laryngoscope*, Feb. 1935, Vol. XLV, No. 2, 149-154—*Laryngoscope*, Jan. 1937, Vol. XLVII, No. 1, 58-60 *Proc. Soc. Exp. Biol. and Med.*, 1934, 32, 241—*N. Y. State Journ. Med.*, Vol. 35, 6-1-35, No. 11, 590-592



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*\*by actual test.*



**FREE BOOKLET.** "Common Sense in Dressing Baby" by Louise Zabriskie, R.N. Practical guide for you and your patients. Write: Chicopee Sales Corp., 40 Worth St., N. Y. C.

known professor at the California Institute of Technology.

The only drawback about a book of this type is that the layman may feel, when he finishes it, that vitamins are the whole answer to the food problem. A book on protective minerals should accompany it.

Usual and most practical in a book of this type are the tables in the back of vitamin content of common foods. Thus the reader can practice what he preaches. Nurses will find this book a little too simple for their own uses. But for the average patient, it fits the bill perfectly.—M.H.

### LABORATORY MANUAL IN ANATOMY AND PHYSIOLOGY

*Elizabeth Carpenter Earle, R.N., \$1.25.  
F. A. Davis Co., Philadelphia, Pa.*

• The trend in anatomy and physiology notebooks is to save precious time for the student by drawing in all structures, leaving them only the labeling to do. One wonders if this cutting of corners will not deprive the student of some valuable learning processes. In drawing the actual structure she may learn much that labeling can never teach.

Aside from this criticism, this booklet follows the usual course from amoeba to homo sapiens with commendable thoroughness and precision.

The author has been sensible in keying the lessons to the equipment of small nursing schools, which are limited to inexpensive specimens and drugs. The embalmed cat, rather than the human cadaver is used as a basic study subject.—M.H.

### SCHERING CLINICAL GUIDES

*(Three volumes free on request.) 1942  
Medical Research Div., Schering Corp.,  
Bloomfield, N.J.*

• Three very compact little volumes do a thorough job of covering the subjects of the male sex hormone and the two female hormones. For the nurse who wishes to increase her knowledge of this important and rapidly expanding type of therapy these booklets are capable of giving her an excellent over-all view in a minimum amount of time. Each volume is well divided by sub-headings which make for quick reference, and illustrations are add-

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Consult your physician about the cause. Meanwhile, two tablets with water repeated in two hours if necessary, provide gratifying relief.

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ed for further clarification. If further reading is desired the bibliographies in each book will give a means of continuing the study. Index is complete. We might suggest that the nurse add this little collection to her library in order to be well informed on this newer subject and the terminology that may not always be familiar to her. In view of the growing importance of this field and its entry into numerous phases of medicine it might be a good idea to review this comprehensive, authoritative set of books on sex hormone therapy.—V.A.L.

## WARD TEACHING

Ann M. Taylor, R.N. \$3.75. J. B. Lippincott Co., Philadelphia, Pa.

● Designed to aid supervisors, head nurses, and other ward teachers, this book is notable as one of the first texts of its kind, outlining methods of teaching students as they work.

Brightly written, with case histories and examples of right and wrong procedure scattered throughout, it makes this type

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"Since

of teaching sound quite fascinating. Special mention must be made of the pictures, taken in the wards at Massachusetts General Hospital. They are sharp and well posed, far surpassing the usual hospital scenes.

Under the heading "The Ward Library," an excellent list of books, pamphlets, and other materials on nursing subjects has been compiled. This bibliography will be of interest to every R.N., teacher or no.

#### THE PREMATURE INFANT:

Its Medical and Nursing Care

Julius H. Hess, M.D., and Evelyn C. Lundeen, R.N. \$3.50. J. B. Lippincott Co., Philadelphia, Pa.

• The inventor of the Hess heated bed for "premies" has collaborated with the supervisor of the Premature Infant Station of the Sarah Morris Hospital, Chicago, to produce a new and special text. The premature baby is discussed from the point of view of latest medical knowledge, newest nursing techniques.

As the lives of such infants depend on careful attention to detail, this book's



#### Modern Evenflo Nurser Approved Hospital Equipment

In maternity wards it is found that both normal and sub-normal babies nurse easier and get more benefit from their food with the modern Evenflo Nurser.

This because the Evenflo Nipple's small valves permit air to enter the bottle and prevent a vacuum forming when food is withdrawn. Vacuum suction collapses ordinary nipples, makes them hard to nurse and is a frequent cause of babies not finishing their bottles.

Also, Evenflo's handy nipple, bottle, cap, all-in-one feature saves time. A day's food supply can be quickly prepared at one time, sealed and refrigerated ready for use. Evenflo Nurers 25c at baby shops, drug and department stores.

The Pyramid Rubber Co., Ravenna, Ohio.



Sealed Evenflo Nurers in refrigerator, baby bag.

## Gebauer's TANNIC SPRAY

"For Home, Factory and  
Civilian Defense"

Time is of vital importance in treating burns... that's why TANNIC SPRAY has helped avoid so much needless pain, scars and complications. It's a PRE-SERVED solution ready for instant use at all times. No caps or corks to remove. Just press the lever and a soothing, healing jet stream covers the injury.

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The  
GEBAUER  
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CLEVELAND, OHIO  
"Since 1902"





M. BURNEICE LARSON, Director

Vacations have presented a real problem this year. In many instances they have been beyond the pale of possibility. In many more instances they have been greatly curtailed.

With no immediate relief in sight, it is more important than ever to be doing the work that is right for you. Tasks that are suited to one's capacities—yet present a challenge—are never irksome. Continuous services does not constitute a burden when you can carry with you the assurance that you are doing a splendid piece of work . . . perhaps better than anyone else could!

If you have been planning to relocate in order to increase your responsibilities to correspond with more highly developed capacities—we hope you'll let us help. We know you haven't time to conduct lengthy correspondence, or arrange countless interviews—so our concise outline of available openings throughout the country meeting your requirements should be especially welcome at this time. You may write us in confidence concerning your qualifications and the type of appointment you hope to secure . . . we shall be glad to assist you in achieving your professional goal whatever it may be.

**M. BURNEICE LARSON**  
Director, THE MEDICAL BUREAU  
Palmolive Building Chicago

chief characteristic is meticulous explanation of every procedure and set-up. The chapter on breast feeding, and that on artificial feeding can be helpfully applied to normal infants with equal success as to prematures.

What happens to prematures as they grow up? They show greater dependency on their mothers, have more frequent temper displays, but in the end they compare well with any of their siblings, say the authors. This is a text to add to any reference library.

## 'Ask Miss Torrop'

[Continued from page 29]

together on Tuesday." Of course, you can make it mistake-proof by saying "Will you be my guest at lunch on Tuesday?"

If the waiter asks if you desire separate checks, say "Yes." In any case it is simple to pick up a combined bill with the comment, "I believe my lunch was so-and-so." The whole process is reversed if you are a hostess.

## LOOK FOR THE NAME

✓ **Bathinette\***  
COMBINATION BATH AND TABLE

Every expectant mother should know about the "Bathinette," a real time saver when the baby comes. The complete "Bathinette" is equipped with Hammock with a headrest that holds the baby's head up and gives mother both hands to use—really a Third Hand! In addition a baby spray is provided to cleanse the baby from the soiled water.

THE BATHINETTE COMBINATION BATH AND TABLE IS THE LARGEST SELLING INFANTS' BATHING DEVICE IN THE WORLD. FREE BOOKLET AND SPECIAL DISCOUNT *The "Bathinette" way is the accepted way.* TO DOCTORS. ASK FOR IT.

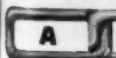
\*Trade Mark Reg. U. S. Pat. Off. and in Canada

**BABY BATHINETTE CORPORATION**  
Dept. E, Rochester, N. Y.



Even before saying 3 vitamins. N shortage of than ever to Most nur worry, fatig vitamins ne mins are ne meritime. Y harder, and apiration. Vimms s

IT'S GRE



AUG.—R.N.—1942

# Can you take it?



Even before the war, U. S. experts were saying 3 out of 4 Americans need extra vitamins. Now, with the country facing a shortage of nurses, it's more important than ever to keep in fighting trim.

Most nurses know that extra work, worry, fatigue and strain make extra vitamins necessary. And, too, extra vitamins are needed, especially in the summertime. You eat less, work or play harder, and lose certain vitamins in perspiration.

Vimms supply all six vitamins known

to be needed in the diet—all three essential B Complex vitamins (B<sub>1</sub>, B<sub>2</sub>, P-P) and the equally important vitamins A, C and D. Vimms also supply three minerals that belong with these vitamins, Calcium, Phosphorus and Iron.

Compare labels—no other product gives you so much for so little! Regular size, 24 tablets, only 50¢. Large economy size, 96 tablets, \$1.75.

And we'll be glad to mail you a professional sample free, if you'll write us, Lever Brothers Company, Department NR2, Pharmaceutical Division, Cambridge, Mass.

**IT'S GREAT TO FEEL FIT!**



Compare ALL...and you'll buy Vimms

2 good vitamins—but 6 are needed! → You pay no more for these in Vimms! → No need to buy this separately!

Without these, Vitamin D is practically "unemployed." → Makes Vimms more complete than many costlier products.

**YOU GET THEM ALL IN VIMMS**



## HOW TO SAVE RUBBER



... as illustrated in this booklet for your O.B. patients

Just hand this booklet, "Baby Feeding Made Easy," to your O.B. patients. It contains instruction on the bottle-feeding routine, simply and readably set forth. It goes into detail about the proper method of handling nipples, thereby helping to spread the message of rubber conservation throughout American homes.

The coupon below is for your convenience in ordering:



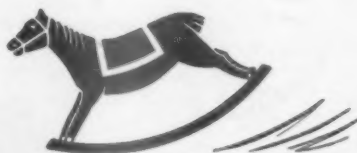
**DAVOL**

**DAVOL RUBBER COMPANY**  
Dept. R.N. 8,  
Providence, Rhode Island

You may forward... complimentary copies of "Baby Feeding Made Easy" to the following address:

NAME .....  
ADDRESS .....  
CITY..... STATE.....

## COLLECTORS' CORNER



• "How do I choose a hobby?" someone asks. Rx for that malady of indecision is thought and self-analysis. Would you rather *do* something, *make* something, or *acquire* something? If the first, narrow down the field to what you *like* to do and what you *can* do, considering your abilities, your financial status, and your physical surroundings. Making things is probably the most satisfying hobby of all, compensating in full measure for the skill and time that has been devoted to it. Collecting has all the romance of barter and change, the mystery of an unopened package, the excitement of meeting new personalities. Whichever type avocation you decide upon, be sure it jibes with your particular quirks and whimsies. Note the variety of hobbyists listed here:

**PITCHERS:** All sizes and kinds. I'll gladly exchange pitchers or other items desired. (Mrs.) Roslyn Woody, Rt. 2, Rocky Mountain, Va.

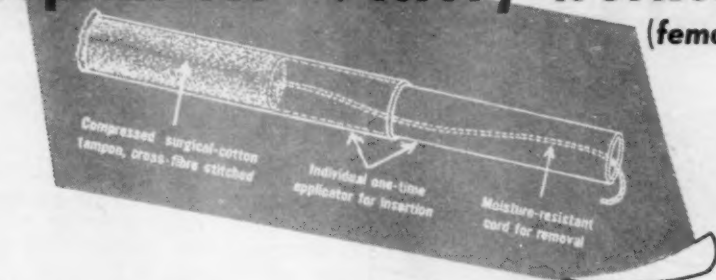
**DOLLS:** Perhaps I could exchange foreign stamps or some other item for dolls. I'll also pay postage. Mamie E. Prosser, 2812 W. Lisbon Ave., Milwaukee, Wis.

**HORSES:** The more the merrier! I'd appreciate, acknowledge, and exchange. (Mrs.) Mary Parkinson, 280 Allison Ave., Washington, Pa.

**SALT AND PEPPER SHAKERS:** Inexpensive ones from each State, preferably in the guise of something typical of that State. I have Indian tepees from Oklahoma, monks from the missions of California. I'd love a set of the trylon and perisphere of the New York World's Fair. Keep the

AUG.—R.N.—1942

# Blueprint for Victory workers (female)



UPON the physician and his nursing aids at home falls the burden of keeping Mr. America—and particularly Miss and Mrs. America—on the job, working for victory. To every girl or woman in war work, their exhortation might well be—

## Don't let morale ebb with the flow!

It is one of life's little ironies—that a vulval irritation can temporarily sabotage devotion to duty—that hygienic insecurity can distract patriotic effort . . . and so unnecessarily!

The many unique advantages that have made Tampax so highly favored for years by women in sports, in business, and in social life, can today be enjoyed with even greater expedience by the volunteer war worker, and the girl on the assembly line.

Primarily (of course), Tampax has exceptionally high absorptive capacity—it can be introduced without orificial stress—it expands flat,\* providing comfort in situ—it is cross-fibre stitched against disintegration,\* assuring dainty removal without probing—and it comes in three sizes\* to meet individual daily needs.

But, of particular importance, its gentle intravaginal contact is free from the prospect of internal or external irritation; it does not expose the flux to odorous decomposition; and it cannot cause noticeable bulkiness. In short, it is convenient, comfortable—and confidential. The sense of freedom and poise it encourages can help keep morale at the peak during trying days when every hour counts.

Have you samples for demonstration? The coupon will see that you get them.

\*Tampon features, exclusive with Tampax.

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Palmer, Mass.

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Please send me a professional supply of the three sizes of Tampax.

City \_\_\_\_\_

## For the **PATIENT** with **DRY, CRACKED** **LIPS**



### Use **MENTHOLATUM'S** *"Prolonged Medication"*

● When you apply a medicinal preparation on dry, cracked lips remember that the longer it stays on the injured skin the better. That's why you should employ Mentholatum's "prolonged medication." Cooling, soothing Mentholatum does not "vanish" but stays on the job to give dry cracked lips the "prolonged medication" they need. Thus it assists Nature to more quickly heal the injury. Remember, too, that Mentholatum requires no "rub-in." And when applied to the lips, it is scarcely visible. Next time, use cooling, soothing Mentholatum's "prolonged medication" for greater satisfaction. 30c and 60c sizes. For generous free trial size write to Mentholatum Co., Dept. N-12, Wilmington, Del.



## MENTHOLATUM

price down so I can exchange. Alice Richardson Dorbandt, Associated Oil Co., Associated, Calif.

**NOVELTY HANDKERCHIEFS:** Can you help me out? I'd like handkerchiefs from every State. The kind and color doesn't matter. Margaret Haley, 221 Main St., Cohoes, N. Y.

**ELEPHANTS:** Trunks up, please! Will gladly exchange or acknowledge. Any size or color so long as the price is under 25c. (Mrs.) Edith Carter, 245 Franklin St., Corry, Pa.

**PICTURES:** Nurses in uniform. Please put your name, hospital, year graduated, and State. Will exchange or try to help you with your hobby. Mrs. T. H. Doster, Rt. 5, Box 376, Monroe, N. C.

**MINIATURE DOGS:** May I exchange items of equal value for tiny dogs, all kinds and shapes? I'll also pay postage. Ruth Hohwiesner, 310 Valley Stream Blvd., Valley Stream, N. Y.

### **Florence MacDonald**

*[Continued from page 22]*

The one in which Captain MacDonald was passenger seemed abnormally heavy and failed to rise until the fifth attempt. The other hit a submerged rock and rapidly filled with water. Passengers were returned to Lanao in small boats. Surmise was that they would be safe in the neighboring hills inhabited by friendly Moros and well stocked with wild pig, bananas, and coconuts.

"Our own flight was still precarious," Miss MacDonald admitted. "For a time we were followed by a Japanese plane but our pilot soared high and lost him. Later we flew over the enemy port of Koepang by mistake and barely eluded their searchlights. At seven-fifteen we landed in Darwin. And there, two stowaways were found in the tail of our plane and the mystery of our difficult take-off explained."

*[Turn the page]*

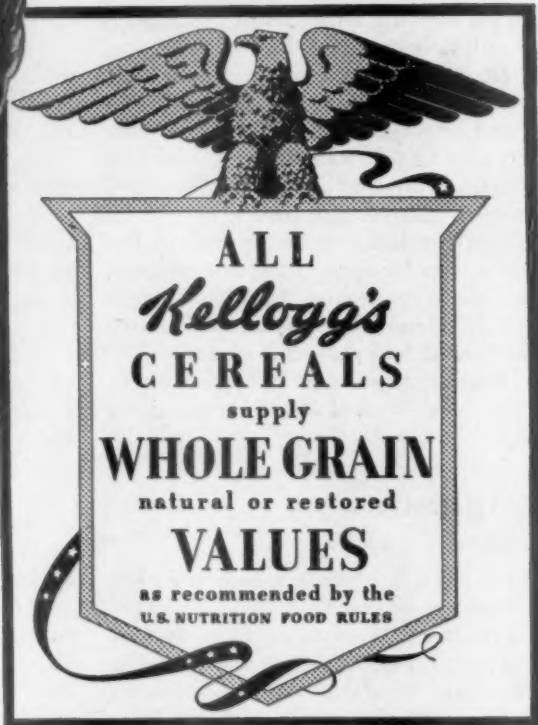


AUG.—R.N.—1942

**"THIS SHIELD MEANS THAT YOU CAN  
TAKE ADVANTAGE OF ESTABLISHED  
EATING HABITS TO PROMOTE  
BETTER NUTRITION."**



**Whole Grain  
Nutritive Values  
PLUS Flavor...that's the  
Kellogg team for  
good nutrition**



An attempt to change established eating habits is like swimming against the current of a river. It can be done, but it's hard work, slow work.

In promoting the better nutrition program you will have your share of this kind of work. Fortunately, there is no need for it in the case of cereals. Two facts explain why:

1. Every Kellogg Cereal is made of whole grain, or is restored to whole grain level of vitamin B<sub>1</sub> (Thiamin),

Niacin, and Iron. Thus, every Kellogg Cereal meets the requirements of the U. S. Official Nutrition Food Rules.

2. Kellogg cereals are eaten by millions of Americans every day. *They are an established eating habit everywhere.*

Obviously, these two facts lead to only one conclusion: You can move far and fast on the cereal section of your program if you'll let Kellogg's help you. To put it simply—you'll be swimming *with* the current.

**KELLOGG'S CEREALS**

MADE IN BATTLE CREEK

In Darwin there was a twenty-day rest period before embarking on an American armed merchant ship for San Francisco.

Captain MacDonald's happiest memory of Australia was the chance restaurant meeting with one of the American pilots from Clark Field.

"He couldn't talk when he saw that we were safe in Darwin. His eyes filled up and he walked out of the restaurant. Next day he told us it was as if he had suddenly come upon his mother and sisters in that foreign inn."

Cited for bravery under fire in the Philippines by special request of General MacArthur and promoted from First Lieutenant to Captain, Florence MacDonald had only this to say:

"We did our duty as well as we could—but you should have seen those boys!"—JEAN DEWITT

## Epidemics

[Continued from page 17]

fifteen days. For some reason the eleventh day is especially critical.

**Treatment.**—Treatment of typhus is largely symptomatic. The sulfonamides have been tried, but are not successful. Actually at the present time there is no specific treatment. Convalescent serum and transfusions of immune blood have been used but are not always effective. The first vaccines were prepared from killed rickettsiae but these did not prove successful. Weigl

produced a more successful vaccine by infecting lice by means of anal clysters. Then the lice which had been infected were fed from eight to ten days on convalescent typhus sufferers. The vaccine was then prepared from the stomachs of the lice. This vaccine was injected three times in five days. It was tried in Poland, China, and Ethiopia with success and conferred immunity for from one to two years. However, this was a complicated procedure and a search was made for a more simple method.

Cox developed a method of utilizing the vitelline sac of the chick embryo and immunization was accomplished by injecting three times at five-day intervals. By injection into guinea pigs it was found to be as efficacious as the vaccine of Weigl. But, because the newer method is not uniform in growth of the rickettsiae, the former method is still being used. However, use of vaccines on a large scale is not possible as yet because such questions as minimum number of injections and length of immunity have not been answered. The European virus is also more difficult to grow in tissue culture, although protective inoculation against the murine virus is quite effective. Also, the vaccine does not have successful keeping qualities. At present it may be kept for from five to six months under refrigeration, but loses much of its antigenic power. At room temperature this loss would be even more rapid.

**Nursing care.**—This is most im-

## NEW FOOT RELIEF

WHERE 7 IN 10 NEED IT—AT BALL OF THE FOOT

### Dr. Scholl's LUPAD



It is a dainty, feather-weight elastic cushion that slips over fore part of foot. Fitted with an adjustable pad of soft Latex Foam which pillows and supports the Metatarsal Arch, relieving pains, cramps, callosities, burning sensations at the ball of the foot. Dr. Scholl's LuPAD is especially recommended for nurses who wear high heel dress shoes. Relieves shock, pressure on sensitive spot. Weighs only a fraction of an ounce. Sizes for men and women. \$1.00 pair at Drug, Shoe and Department Stores. THE SCHOLL MFG. CO., Inc., Chicago, Ill.





## *The wise nurse* **takes no chances with underarm perspiration**

Apart from the annoyance and discomfort of excessive perspiration, there is the attendant risk of fabric rotting — a matter of no small concern when fabrics of all kinds are getting scarce. For this reason, many nurses prefer and depend upon Nonspi for the control of underarm perspiration. It needs to be applied only two or three times a week and, if used according to directions, is both safe and effective.\* The low surface tension of Nonspi makes it cover the skin easily and evenly. A trial supply of Nonspi will be gladly sent to nurses on request. It is available in two sizes.

*\*"Analysis of Nonspi and applied tests of its use have been completed by the Bureau . . . No damage can be done to the 'textile' if the user follows your instructions."*

BETTER FABRICS TESTING BUREAU, INC.  
Official Laboratory of National Retail Dry Goods Association

THE NONSPI COMPANY, INC., 113 WEST 18TH STREET, NEW YORK CITY

**N \* O \* N \* S \* P \* I**

**New under-arm**  
**Cream Deodorant**  
*safely*  
**Stops Perspiration**



1. Does not harm dresses—does not irritate skin.
2. No waiting to dry. Can be used right after shaving.
3. Instantly stops perspiration for 1 to 3 days. Removes odor from perspiration.
4. A pure, white, greaseless, stainless vanishing cream.
5. Arrid has been awarded the Approval Seal of the American Institute of Laundering for being harmless to fabric.



Arrid is the Largest  
 Selling Deodorant...  
 Try a jar today.

**ARRID**

**39¢ a jar**

AT ALL STORES WHICH SELL TOILET GOODS  
 (Also in 10 cent and 59 cent jars)

portant. With the high fever and delirium lukewarm baths, ice caps, alcohol rubs, and spongings are beneficial. Barbital or chloral hydrate may be used at times. All vital functions must be supported. Cardiac remedies, particularly digitalis, are important. Collapse may necessitate camphor, caffeine, strychnine, or metrazol. High fevers may need aminopyrine and quinine. Sulfapyridine has been helpful in complicating pneumonia. Blood transfusions are used in severe cases.

When patients (as often happens) are victims of starvation, an adequate diet is a valuable adjuvant. Since parotitis is one of the complications the mouth should be kept scrupulously clean.

Necrosis and gangrene of the skin may follow thrombotic vascular lesions. Therefore, all pressure points must be protected by soft pads or rubber rings.

**Prevention.**—When the disease has already developed the patient should be deloused immediately and removed to a louse-free environment. The head and body hair should be clipped and a mixture of kerosene and olive or mineral oil used liberally. Hair should be wrapped in a towel for twelve hours after wetting. Clothing should be treated either in an autoclave or by crude naphthalene in a closed receptacle for twelve hours. Lice should then be exterminated in the place from which the patient has come.

In London, the Ministry of Health has taken precautions against typhus transmitted by refugees, prisoners of war, and returning travelers. Vaccines are ready for a limited number of teams that are taught to function against its spread. They are supplied with specially made protective clothing and preventive inoculations and experts are available for consultation because of difficulty of diagnosis. Patients have special rooms for delousing, hair cutting, shaving, soaping, and bathing.

[Turn the page]

## WHERE THE PEDIATRICIAN LEAVES OFF . . .



The growing child is father to the grown man and body pattern moulds of adult life are laid during the critical growth phase.

Particularly valuable, therefore, during periods of increased nutritional demands for body-building is

### **HORLICK'S FORTIFIED** *Vitamin Enriched*

Palatable as well as nourishing, Horlick's is prepared from man's most staple foods, full cream milk, wheat and barley.

**FOOD VALUE**—*When prepared with milk, practically doubles the nutritive and energy value of milk.*

**PROTECTIVE**—*Enriched with Vitamins A, B<sub>1</sub>, D and G.*

Partially predigested, quickly assimilated, homogenized, Horlick's is ideal for between-meals' and at-meals' nourishment.

Growing children who do not like or tire of plain cow's milk often take readily to Horlick's.

*Recommend*  
**HORLICK'S**  
The Complete Malted Milk—Not Just a Malt Flavoring for Milk

# HORLICK'S





Twinkle, twinkle, little star,  
My shoes are brighter than you are!



How do I keep 'em dazzling bright?  
By using Energine Shoe White!



How long to apply it? Just a minute—  
The very whitest white is in it!

Bright white all through the bottle—that's Energine Shoe White. It never separates. It makes shoes bright, smooth white *all over*. Get the big, thrifty family-size bottle today. Nurses everywhere say it's easier to keep shoes white with Energine Shoe White.

**ENERGINE  
SHOE  
WHITE**



About twenty years ago the U.S. Public Health Service enlarged its epidemiological activities. Today it stands ready to reach out into all parts of the country to study the disease. The work should not be complicated by lack of cooperation of local agencies. Since the disease is spreading inland, health authorities must give it serious consideration.

Most important is rat control. Recently five rats were trapped in the Union Station area of Washington D.C., and were found to be carriers of endemic typhus. As a result, a House committee on rodent control netted 5,000 rats in an extensive eradication campaign. This is but one example of the need for local effort. There are thousands of others.

Control of rats and strict measures to prevent louse infestation are the best means of preventing an outbreak of typhus. When this has been well done incidence decreases. If typhus does ap-

## HYGEIA ANNOUNCES NEW IMPROVED HYGEIA BOTTLE AND NIPPLE

New Hygeia bottle has these important advantages: (1) Measuring scale applied in color. (2) Enlarged base—bottle less easy to tip over. (3) Tapered shape—easier to hold. (4) Wide mouth—easy to clean.

Breast-shaped nipple with patented air vent tends to reduce wind-sucking. Sanitary tab makes nipple easier to apply. You can recommend Hygeia equipment with confidence.



**HYGEIA NURSING BOTTLE  
AND NIPPLE**  
Safer because easier to clean

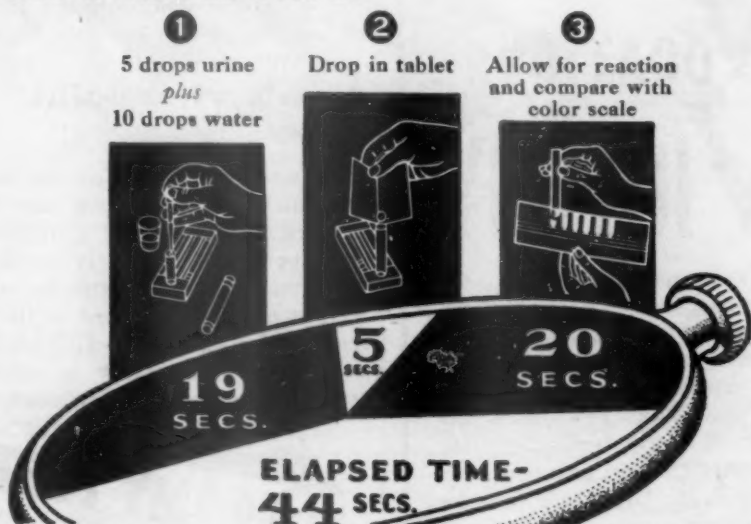
AUG.—R.N.—1942

## URINE-SUGAR TESTING BECOMES A MATTER OF SECONDS WITH . . .

# CLINITEST

The New Tablet Method

### JUST 3 SIMPLE STEPS:



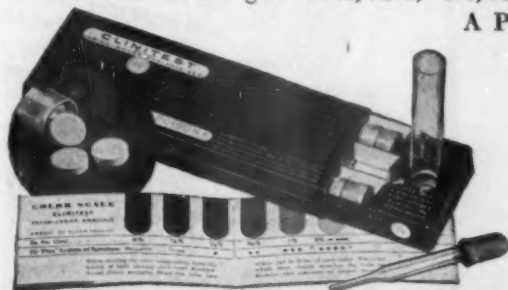
**DEPENDABLE RESULTS**—CLINITEST Tablet Method is based on same chemical principles involved in Benedict's test—*except*—no external heating required, and active ingredients for test contained in a single tablet. Indicates sugar at 0%,  $\frac{1}{4}\%$ ,  $\frac{1}{2}\%$ ,  $\frac{3}{4}\%$ , 1% and 2% plus.

### A PRACTICAL ECONOMY—

Complete set (with tablets for 50 tests) costs your patient only \$1.25. Tablet Refill (for 75 tests)—\$1.25.

*Write for full descriptive literature*

CLINITEST Urine-Sugar Test and CLINITEST Tablet Refill are available through your prescription pharmacy.



**EFFERVESCENT PRODUCTS, INC.**  
ELKHART, INDIANA



# VOCATIONAL VICTORY

The goal you had visioned...the goal which inspired you to enter the profession...have you achieved it? Or have circumstances and conditions impeded your progress toward it? Today when circumstances and conditions are ripe with opportunity is perhaps the most propitious time of any in the last decade to make personal progress...to gain vocational victory! Military activities have created wide open opportunities throughout the civilian medical field in all parts of the nation. Here at the "Bureau" these opportunities await your inquiry...Investigate them with the assurance that this "Bureau" keeps every inquiry in the strictest professional confidence.

Why not let Ann Ridley Woodward help you to achieve professional victory while the odds are all in your favor...right now?

*Aznoe's  
Woodward*

SERVING  
SINCE  
1896

**AZNOE'S WOODWARD  
MEDICAL PERSONNEL BUREAU**

Ann Ridley Woodward, Director

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CHICAGO, ILL., U.S.A.

pear then all control measures must be actively employed for a long period. Rodent extermination, in view of today's conditions, is a real contribution to the war effort.

Our only consolation is that War and Pestilence have directly or indirectly led to advances in medicine. We can only hope that this will hold true today.

[Send stamped, addressed envelope for a bibliography on the facts discussed in this article.—THE EDITORS.]

## Men's viewpoint

[Continued from page 23]

shadows the mistakes of the few who are misfits. Men nurses are few in number; let one be a failure and some people unthinkingly condemn all men nurses. . .The antipathy of some women nurses to the men in their profession is difficult to explain. We do not find this antipathy in other professions. Women and men work peace-

"O-O-O-O MY FEET!"



WHY SUFFER WITH FOOT  
TROUBLES THAT DRAG YOU  
DOWN? TIRED, BURNING,  
TENDER, ITCHING, PERSPIR-  
ING FEET OR CORNS AND  
CALLOUSES GIVE YOU THAT  
E-X-H-A-U-S-T-E-D LOOK.

**QUICK RELIEF!**



GET PROMPT RELIEF WITH  
EFFICIENT, SOOTHING  
JOHNSON'S FOOT SOAP—  
THE OLD TIME FAVORITE  
FORMULA OF BORAX,  
IODIDE & BRAN. SOFTENS  
CORNS & CALLOUSES.



Since 1870 JOHNSON'S FOOT SOAP  
Has Brought Relief to Millions

**JOHNSON'S FOOT SOAP**  
BORAX, IODIDE AND BRAN



## TO MAINTAIN POSTPARTUM *Nutrition*

The ordeal of parturition not only represents a tremendous energy output but also calls for many metabolic adjustments. Nutrition plays an important role in speedy return to normal.

But the natural lethargy of the puerperium, as well as the psychic letdown which so often follows parturition, may make it difficult to provide adequate amounts of all the specific nutrients needed.

New Improved Ovaltine, a delicious food drink, rich in biologically adequate protein, needed minerals and vitamins, offers real aid in the solution of this difficulty. It provides a goodly

portion of the daily requirements, and in addition is highly palatable and digested with remarkable ease.

Three daily servings (1½ oz.) of New Improved Ovaltine provides:

	Dry Ovaltine	Ovaltine with milk*
PROTEIN . . .	6.00 Gm.	31.20 Gm.
CARBOHYDRATE . . .	30.00 Gm.	66.00 Gm.
FAT . . . . .	3.15 Gm.	31.95 Gm.
CALCIUM . . . .	0.25 Gm.	1.05 Gm.
PHOSPHORUS . .	0.25 Gm.	0.903 Gm.
IRON . . . . .	10.5 mg.	11.9 mg.
COPPER . . . .	0.5 mg.	0.5 mg.
VITAMIN A . . .	1500 U.S.P.U.	2953 U.S.P.U.
VITAMIN D . . .	405 U.S.P.U.	432 U.S.P.U.
VITAMIN B <sub>1</sub> . .	300 U.S.P.U.	432 U.S.P.U.
RIBOFLAVIN . .	0.25 mg.	1.28 mg.

\*Each serving made with 8 oz. milk; based on average reported values for milk.



NEW IMPROVED

# Ovaltine

2 KINDS—PLAIN AND CHOCOLATE FLAVORED

Ovaltine now comes in 2 forms—plain, and sweet chocolate flavored. Serving for serving, they are virtually identical in nutritional value.

Nurses are invited to send for a supply of individual servings of New Improved Ovaltine. The Wander Company, 360 N. Michigan Avenue, Chicago, Illinois.

# TOUSHAY

## Lotion



### DOES DOUBLE DUTY FOR HAND BEAUTY



1. TOUSHAY LOTION is applied *before* hands are immersed in harsh soap solutions to *prevent* dryness and coarseness. A very fine film of oil emulsion forms over the skin to act as protection against harsh irritants and to help natural skin oils *stay in*.

2. The rich, smooth, softening oils in TOUSHAY LOTION aid in supplementing the natural lubricants in your skin ...another way of maintaining hand loveliness.



Delicately fragrant TOUSHAY LOTION is decidedly economical. Use it before washing hands, before donning rubber gloves, and as an after-bath refresher. Suggest it for the fastidious patient. Sample of TOUSHAY LOTION on request.

**BRISTOL-MYERS CO.**  
19 NC West 50th Street, New York, N. Y.

fully in our school systems and in offices. . . We men nurses want the nursing profession, of which we are *bona fide* members, to give us work when a male nurse is required and *not* fill the position with an untrained man. . ."

From Talladega, Alabama, L. Philip Arsenault, industrial nurse, admits that he and his colleagues are utterly disappointed at not being given their proper place in the national emergency. "I tried to think where I might be of greatest service," writes Mr. Arsenault, "and decided on industry. I took a job with a company constructing a U.S. defense project. When I took over, all there was to work with was a file drawer, a bottle of iodine, and a few swabs—with over 2,000 employees to be taken care of. At present, we have a very well-equipped first-aid and examining station, with eleven rooms and offices, and personnel consisting of a physician director, three women nurses, six ambulance drivers, a laboratory technician, a secretary, and a stenographer. I am the nurse in charge. We give twenty-four hour service, and in addition to treating first aid cases, do about fifty physical examinations a day.

"After months of hard work in building up this department, I am to be inducted into the Army and the chances are that I will not even be put into a medical unit. Realizing that this might happen, over a year ago I tried to join the Navy, the only branch of the Service which gives men nurses recognition. Because of a 9/20 vision in my left eye, I was not accepted. My situation may illustrate one reason why more men are not writing you. We do not want to be continually complaining. Too often people misinterpret our attitude and think we are not willing to serve our country. That is just the very thing we are striving for—recognition of our special abilities that we may better serve."

"It was good to hear from a ma



# *An Important Announcement*

**FROM THE MAKERS  
OF M A Z O N**

A temporary change in our sampling policy is necessary because of limitations imposed by the program for Victory.

Requests for samples will not be solicited in future Mazon advertising. But we will, so far as possible, continue to furnish samples of Mazon for clinical testing when especially requested on your professional stationery. Our literature will be devoted chiefly to reminding you of the special merits of the Mazon treatment which has won wide acceptance throughout the medical and nursing profession.

The thousands of samples of Mazon and Mazon Soap sent to nurses in the past speak eloquently for Mazon's usefulness in modern dermal therapy. We wish it were possible to continue our sampling as heretofore, but shortages of manufacturing material demand conservation.

Thank you for the enthusiastic support you have given Mazon in the past. We hope that you will continue to recommend Mazon whenever its use can be of help to your patients.

**MAZON** is indicated for the relief of externally caused Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin disorders.

BELMONT LABORATORIES CO., 4430 Chestnut St., Philadelphia, Pa.

nurse in your 'Debits and Credits' department," writes Paul Bolonda from Buffalo. "Let's continue to exchange ideas. What are the various sections doing to gain more recognition and further the cause of the registered male nurse? Don't think that any suggestion is too small or unimportant to be considered. It may be just the one we are waiting for. What are our opportunities today in industry, in general hospitals, in the public health field, in the Army and Navy? Let's hear specifically from our colleagues in the U.S. Navy."

A generous offer to supply information to his fellow-nurses comes from Private Anthony Borski, Station Hospital Laboratory, Air Corps Base, Selfridge Field, Mich. "Perhaps many men nurses do not realize that R.N. will follow them into the Service and are withholding their comments for that reason. It does, and I keep in touch with others in this manner. I would be glad to answer any queries about the status of men nurses in the Army. . . . You undoubtedly all know that they have to work for their ratings, starting as buck privates. Send along your questions and I'll do my best to answer them."

Finally, a message of interest to all men nurses, this from Kenneth Brooks of Chicago. "The Men Nurses Section of the First District, Illinois State Nurses' Association was organized January 17th, 1942. The object of this Section shall be to promote the interests of men

nurses and to improve the type of nursing service which they render. It also provides an opportunity for the consideration of problems of special interest to men nurses. The following officers were elected: Chairman, John F. Quinn; first vice-chairman, Albert Lenson; second vice-chairman, Herman Myers; secretary, Kenneth E. Brooks."

[R.N. reminds men readers that the quickest route to group action is via their established sections and professional organizations. Delegates attending the Biennial passed a resolution requesting the A.N.A. to petition the Surgeon General for recognition of men as nurses in the armed forces. If action is not forthcoming it may be because men nurses have not been sufficiently emphatic in asking the A.N.A. to go to bat for them. Why not sign local petitions requesting rank and recognition and forward them to A.N.A. headquarters at 1790 Broadway, New York City.—THE EDITORS.]

## Dilantin sodium

[Continued from page 28]

nausea, dizziness, skin rashes, hypertrophy of the gums, ataxia, tremor, blurred vision and fever. If mild reactions occur, dosage should be reduced for several days and increased again slowly (if reactions do not recur). Upon development of serious toxic symptoms, treatment is withdrawn immediately and permanently, but this

### QUICK REVIEW OF SCALP HISTOLOGY, PHYSIOLOGY and PATHOLOGY

This useful textbook calls your attention to the relation of hair and scalp conditions to general diseases... diagnosis and treatment of scalp and hair conditions... use and application of the Parker Herbex method. If you do not have a copy, you can receive one free and postpaid by writing to PARKER HERBEX CORP., 607 Fifth Avenue, New York, N.Y. (Dept. R.N.)

Cloth-Bound Book. 117 pages. Available to R.N.'s. Sent free by request only to those sending registry number.

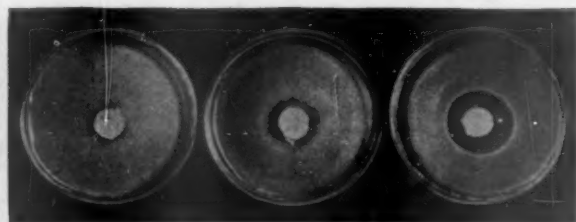
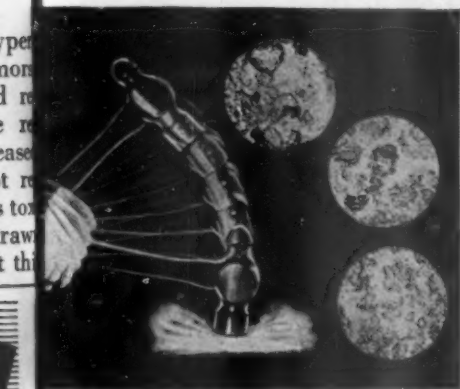


# SCIENCE TRANSFORMS BABY POWDER FROM COSMETIC TO HEALTH AID



Thousands of Doctors  
questioned, 3 out of 4  
they preferred baby  
to be antiseptic.

**N**O LONGER should baby powder be bought as a cosmetic, merely to make babies smell nice, feel comfortable. A new Mennen powder does all that and, in addition, *helps keep baby's skin safer* in 2 ways: being antiseptic, this powder helps protect against harmful germs; being finer and smoother (due to new "hammerizing" process), it provides better anti-frictional surface—thus helping to prevent "breaks" in skin which may admit germs. With these important protective qualities, new Mennen Antiseptic Borated Powder—also improved with more delicate scent—is a valuable new aid to keep baby's skin safer against pyogenic organisms. These advantages are particularly important in summer, when excessive perspiration may lead to "prickly heat," chafing, diaper rash. *Pharmaceutical Division, The Mennen Co., Newark, N. J., San Francisco, Toronto.*



**Tests of 3 leading baby powders** show antiseptic superiority of new Mennen Powder (extreme right). Center of plates contain different baby powders. In gray areas, germs are thriving; but in dark area around center of Mennen plate, germ growth has been *prevented*.

of hammer blows are  
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to amazing fineness.  
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ircle, is smoother, finer,  
uniform in texture—  
kin *better* against chaf-  
consequent infection.



## MENNEN

ANTISEPTIC  
BORATED POWDER





—excellent, too, as a routine treatment of minor injuries and simple infections of the skin. Campho-Phenique offers analgesic, antipruritic, antiseptic action to help allay discomfort and decrease the tendency to complications by encouraging uninterrupted healing.

For more than 50 years this mild yet effective camphor-phenol eutectic compound has proved a dependable antiseptic dressing of prolonged action and great stability.

CAMPHO-PHENIQUE comes in three convenient forms: Liquid, Powder and Ointment.

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Send me sample of Campho-Phenique.

R. N.

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severe toxicity is relatively infrequent.

As to dosage, the average dose of dilantin sodium for adults and children over six years of age is usually 0.1 gm. t.i.d. before meals. If needed, an additional 0.1 gm. may be given at bedtime. But total adult dosage should not exceed 0.6 gm. daily. . . The initial dosage for children from four to six years is 0.1 gm. twice daily, and for infants and pre-school children 0.03 gm. twice daily. Each dose of the drug should be followed by at least half a glass of water. Some patients showing gastric intolerance may take it with or following meals. Where phenobarbital or bromide is being administered, this medication should be continued at previous levels during the first week of dilantin sodium therapy, then gradually withdrawn. Treatment with dilantin sodium is continued indefinitely. Some doctors suggest minimizing of possible toxic effects by working the quantity of dilantin sodium dosage up gradually until maintenance level is reached.

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STYLE H





AUG.—R.N.—1942

## ITCHING, IRRITATED SKIN makes minutes seem like DAYS!

THE clock hardly goes 'round for the ill or convalescent patient tormented by pruritic conditions. But through quick, easy applications of Resinol, you can do much to lessen the discomfort and make hours intended for rest and recuperation serve their purpose.

Resinol Ointment may be applied freely as a soothing dressing to relieve itching and burning of eczema, pressure sores, chafed spots or rectal and vulval irritation. And there's Resinol Soap, too, for cleansing and bathing the skin. Extra pure and delightfully refreshing. Be sure to try Resinol the next time a quick-acting, soothing dressing is wanted.

• Would you like a professional sample of Resinol Ointment and Soap? Write to Resinol Chemical Co., R. N. 22, Baltimore, Md.

Apply RESINOL  
for dependable,  
speedy relief!

1 1/4 ounce and  
3 1/4 ounce jars

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At all  
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## Sensational! Mayfair's alluring new **WEST POINTER**

Shantung BROADCLOTH **\$3.98** white only  
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BEAUTY, GLAMOUR, PRACTICABILITY—  
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Stunning! Trim! Chic! . . . truly feminine charm, cleverly combined with military lines. Professionally-RIGHT, action-free. Choice of fabrics.

Also available in SHARKSKIN at \$4.98, soft-as-silk rayon DOESKIN at \$5.48, in heavier FOXSKIN at \$5.98.

Also JUNIOR Sizes—11, 13, 15, for short girls  
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MONEY-BACK  
GUARANTEE



## Telephone voice

[Continued from page 32]

choke two federal loan banks.

Of course you'll get all your patient's messages straight, but that isn't enough. You've got to toss in a bit of your own personality so she can say to her friends a little condescendingly, "Ronnie's nurse told me. . ."

The nurse who is skilled in telephone technique will always spell her orders to the pharmacist if there is the slightest possibility of a mix-up. Such mistakes can be dangerous if a layman is going to administer the medicine, and in any case, involve loss of time.

Of course you never have, but there are nurses who start to give instructions without first assembling them so that instead of clear, concise orders, they give a jumble of disconnected information which is very confusing. Such procedure is bad for morale and gives the person at the other end of the line the impression that her superior is not quite as capable as she might be.

I know a nurse who always stands before the telephone for sixty seconds before placing her calls. As a result, she ticks off her instructions or her reports to the doctor with the precision of a time-bomb. She explains that once she rushed to the telephone, got the doctor on the line, and then for an eternity of seconds stood there, trying to recall what she wanted to tell him.

Nowhere in nursing does the tele-

phone play a more important role than in the public health field. Naturally, it would be a physical impossibility to make personal calls on everyone who appeals to the health department.

At best, it is difficult to furnish graphic information to these people by phone, and if the worker is handicapped by poor telephone technique, she may fail altogether. Have you ever caught yourself using your hands as part of your telephone explanation? When you do this, it is almost certain you are not making yourself clear. Back up and start over!

Here again, it is necessary to double up on the usual amount of interest you would show in their problems. It's so easy to give the impression over the wire of being unconcerned. Perhaps, it might be advisable for a while to make a conscious effort to add warmth to your voice. Remember you are talking to a person, not an instrument! And in a few weeks, you will no longer find it necessary to think about it.

You'll find it easier, too, to persuade the various other organizations with whom you deal to see things your way if that warmth tinges your voice when you talk to them.

One last warning: Don't slam up the receiver when you've finished talking. Form the habit of laying it gently in its cradle.

There! What did I tell you? Someone's already referring to you as "that nurse with the lovely voice!"

# Her HAYDEN'S

# Victory VIBURNUM Complete COMPOUND

HER freedom may be achieved, her nerves quieted, and normal activities resumed by the use of a good antispasmodic.

HVC is useful in all fields of medical practice where an antispasmodic and a sedative are indicated.

HAYDEN'S Viburnum Compound contains viburnum opulus, dioscorea, prickly ash berries, aromatics and alcohol.

ETHICAL FOR SEVENTY-FIVE YEARS  
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*You can use*  
**MUM REFRESHING**  
*so many ways*



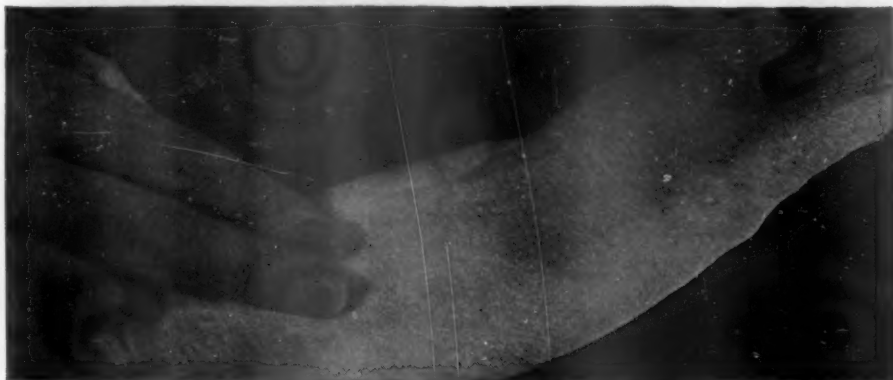
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MUM is such an efficient deodorizer for use on the sanitary napkin. A small quantity is effective against tell-tale odors for many hours. Soothing, freshening, non-irritant.

You know, of course, how thoroughly MUM combats stale perspiration odors under arms and in other sweat gland areas. It's grand for use on patients, to make the sickroom more pleasant. And you'll love the luxury of MUM for hot, tired feet.

MUM is a snowy-white vanishing cream.  
Does not stain clothing. Does not interfere with normal sweat gland activity.

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**MUM TAKES THE ODOR OUT OF STALE PERSPIRATION**



**QUESTION:** *How would canned infant and junior foods be of value in the feeding program of my baby?*

**ANSWER:** Well. The wide variety of available pureed and chopped foods serve as convenient means for the development of good eating habits. The gradual introduction in the diet of the infant of the various "protective foods" in the strained form assists in cultivating a taste for these foods. The chopped foods afford a means of smooth transition from the finely divided foods, which are suitable for the young infant, to the vegetables, fruits, meats, and cereals in the coarse forms as they appear in the diets of the older child and adult.

In addition, the inclusion of such canned foods in the diet of the infant supplements the milk formula with respect to vitamins, minerals, and non-digestible materials which increase the bulk of the intestinal residue (1).

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(1) 1938, Am. J. Diseases Children 55, 1158.  
1939, Hygeia 17, 171

1940, Calif. and Western Med. 53, 18.  
1941, J. Am. Dietet. Assn. 17, 861.

1941, Arch. Pediatrics 58, 40.



The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

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# Positions available

*Want a job? You may find it listed on these pages. To apply, write a separate application for each opening and address each one to the correct box number, care of R.N.—A JOURNAL FOR NURSES, Rutherford, N. J. R.N. does not conduct an employment service. It merely forwards your inquiries to placement bureaus and individual employers. Send no money with application. Bureaus requiring a fee will bill you. ANSWER JOB ADVERTISEMENTS PROMPTLY!*

**ADMINISTRATOR:** East. Interesting opportunity, 100-bed hospital in university town within easy traveling distance of metropolitan New York. Salary open. (Placement bureau charges \$2 registration fee.) Box C912.

**ADMINISTRATOR:** Midwest. Position requires executive ability and experience in hospital management; 100-bed hospital. (Placement bureau charges \$2 registration fee.) Box MB8-1.

**ANESTHETIST:** California. Opening in general 275-bed hospital; graduate staff. Salary, \$175; meals and laundry. (Placement bureau charges \$2 registration fee.) Box MB8-2.

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**DIETITIAN:** Southwest. Opening in large hospital; well-staffed department. Capable executive required. Salary, \$200; maintenance. (Placement bureau charges \$2 registration fee.) Box MB8-6.

**DIETITIAN:** Idaho. Opening in 85-bed hospital. Salary, \$125, full maintenance to well-qualified applicant. (Placement bureau charges \$2 registration fee.) Box C917.

**DIRECTOR OF NURSES:** California. Unusual opportunity for qualified nurse-executive in 200-bed hospital. Degree required. Salary, \$200; maintenance. (Placement bureau charges \$2 registration fee.) Box MB8-7.

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**GENERAL DUTY NURSE:** Alaska. Opening for graduate nurse with surgical ability and experience in small general hospital. Candidate must be willing to do night duty when required. Salary, \$201. Transportation from Seattle. Two-year contract. (Placement bureau charges \$2 registration fee.) Box MB8-9.

**\*GENERAL DUTY NURSE:** East. Opening in tuberculosis sanatorium pleasantly situated about one hour from New York City. Salary, \$90; full maintenance. Box EM8-42.

**\*GENERAL DUTY NURSES:** East. Needed in the Department of Obstetrics, Methodist Hospital, 6th St. and 7th Ave., Brooklyn, N.Y. Write to Miss Mabel R. Duryea, R.N., Director of Obstetrics and Gynecology.

**GENERAL DUTY:** West. Opening in 100-bed general hospital. Eight-hour duty. Salary, \$100; main-

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WORLD'S LARGEST-SELLING EYE BEAUTY AIDS

tenance. (Placement bureau charges \$2 registration fee.) Box MB8-10.

**INDUSTRIAL NURSE:** Illinois. Opening in new ordnance plant under construction. Good living conditions. Ample transportation. Attractive salary. (Placement bureau charges \$2 registration fee.) Box MB8-11.

**INDUSTRIAL NURSE:** South. For defense plant. Minimum salary, \$130; living accommodations in dormitory if desired. (Placement bureau charges \$2 registration fee.) Box MB8-12.

**INSTRUCTOR, CLINICAL SURGICAL:** New England. Attractive appointment in well-rated hospital. Salary dependent upon qualifications. (Placement bureau charges \$2 registration fee.) Box C916.

**INSTRUCTOR:** California. Mature woman required, preferably Catholic with college degree and some teaching experience, for 150-bed hospital. Salary dependent upon qualifications. Placement bureau charges \$2 registration fee.) Box C931.

**INSTRUCTOR, MEDICAL AND SURGICAL:** West. Opening in 100-bed hospital maintaining high standards. Candidate with college degree preferred. Good teaching facilities; cooperative staff; carefully selected student body. Salary open. (Placement bureau charges \$2 registration fee.) Box C930.

**INSTRUCTOR, NURSING ARTS:** East. Position requires candidate with degree. Opening in 450-bed hospital. Salary, \$125-\$150; maintenance. (Placement bureau charges \$2 registration fee.) Box MB8-13.

**INSTRUCTOR, NURSING ARTS:** New York. Opening for candidate with ability to also act as assistant superintendent of nurses. Salary, \$150; maintenance. (Placement bureau charges \$2 registration fee.) Box C920.

**INSTRUCTOR, PEDIATRIC:** South. Opening on staff of children's hospital, located in city offering many educational and recreational advantages. Salary open. (Placement bureau charges \$2 registration fee.) Box C925.

**INSTRUCTOR, SCIENCE:** West. Opening in approved 200-bed hospital; 75 students in school. Salary, \$135; maintenance. (Placement bureau charges \$2 registration fee.) Box MB8-14.

**NURSE FOR CENTRAL SUPPLY:** California. Position open in new, modern 50-bed industrial hospital located in defense area; building air-conditioned. Appointee must be capable of setting up and taking complete charge of department; 48-

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too tired to eat?*

Then something is needed to stimulate your appetite and help you regain a normal desire for food.

Not nurses alone, but many people who work in offices, factories, stores or homes—as well as patients who are convalescing from illness; are elderly or anemic, are among those who need help.

*Sample to Registered  
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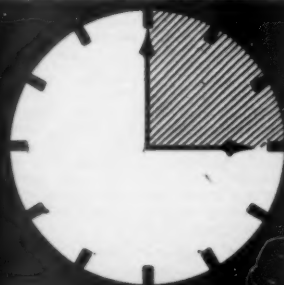
when taken before mealtime will help them recover an appetite, and rational eating will give them the nourishment and vitamins essential to restoring a feeling of well-being.

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IT TAKES ONLY  
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hour week. Salary, \$135; full maintenance. (Placement bureau charges \$2 registration fee.) Box MB8-15.

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**OFFICE NURSE:** Willing to type in office of large

rapidly growing industrial concern, with model medical department. Attractive working schedule; interesting duties. Salary open. (Placement bureau charges \$2 registration fee.) Box C923.

**PHYSIOTHERAPIST:** California. Graduate nurse willing to relieve nursing duties when not busy in own department; 48-hour week. Opening in new 50-bed modern equipped, air-conditioned hospital. (Nurses' home air-conditioned.) Salary, \$135; full maintenance. (Placement bureau charges \$2 registration fee.) Box C927.

**PHYSIOTHERAPIST:** New York. Immediate opening in hospital. Good working facilities. Salary, \$125; partial maintenance. (Placement bureau

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in WARTIME, and do your bit or snatch the ripe fruit of opportunity. **YOU MUST MOVE** to the center of activity. That means a concentrated defense area.

**CALIFORNIA ALONE** is doing 20% of ALL the national defense work. Busy factories mean more industrial nursing positions, higher payrolls mean better salaries for nurses, increased hospital beds mean more staff and supervising vacancies.

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**ANESTHETISTS**—(a) Busy 60-bed private hospital supported by Commonwealth Fund; active defense area; \$125, maintenance. (b) Beautifully situated 100-bed private hospital in San Francisco Bay; heavy surgery schedule due to patients from local industrial plant; \$160. W35

**GENERAL DUTY**—(a) Small lumber company hospital in scenic section of northeastern California; mostly industrial cases but some obstetrics, surgery and medical patients; \$115-\$135, full maintenance. (b) Several general duty nurses; small steel town suburban to Los Angeles; 50-bed private hospital; \$90-\$100, maintenance. (c) To get away from bustle and hurry, would you like general duty in a small private hospital in a quiet California coast town; \$95, maintenance? W36

**OBSTETRICS**—(a) Two for 100-bed Catholic hospital, inland California; \$110, meals. (b) Charge nurse, 20-bed unit of 75-bed private hospital near Los Angeles; \$110, full maintenance; must know rectals. W37

**SURGERY**—(a) Two surgery nurses; 75-bed private hospital near San Francisco; \$110, full maintenance. (b) Air-conditioned desert hospital near Mexican border; \$125, meals. (c) Private hospital, university town; opportunity to attend classes if desired; \$140, meals. W38

**SUPERVISORS**—(a) Head nurse, pediatrics; San Francisco vicinity; \$130, meals. (b) Head nurse, tuberculosis; 125-beds; mountain location; \$100, maintenance. (c) Superintendent of nurses; small desert hospital in Arizona; \$125, maintenance. W39

**TECHNICIAN**—Graduate nurse x-ray and laboratory technician; lumber camp in northern California; \$150, maintenance. W40

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**\*TECHNICIAN:** Midwest. Opening in small hospital. Appointee must be willing to work on floors when not in the laboratory. Salary open; maintenance. Box CH8-1.

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